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Goodwill Toward Men

From the top row of the amphitheatre of the McGill Medical School we watched Captain Proven, of the St. John Ambulance Brigade, demonstrating the use of gas masks. On the breast of his smart black tunic were many service ribbons, won during the first World War. Gas warfare is an old story to him—he has himself experienced it. In the front seats were the officers of the Association of Registered Nurses of the Province of Quebec, under whose auspices the course was arranged. There were over a hundred nurses in the class, most of them supervisors, and they came from every hospital in Montreal, large and small, English and French. There were many nuns in their black or grey habits and white coifs. The Victorian Order and the Metropolitan Nursing Service were out in force, and so were the child welfare organizations and the public health nurses of the city health department.

The grave intent faces looked down at the row of gas masks, carefully ranged on the long table, while the instructor described the effects of phosgene, mustard gas, and lewisite. Presently he picked up a cylinder and, as he released the valve, a pungent white vapour floated out into the room. "Some of the visible kinds look like that," he said quietly, "you don't see the others, you just feel them." Then the various kinds of gas masks were displayed, and while striving to be scrupulously fair, the instructor did seem to prefer the British mask as compared with the American. "It may be a bit clumsy," said he, fingering it affectionately, "but it is very dependable. Even the Germans like to get hold of one". Volunteers went up to the platform to help demonstrate the methods of adjustment. "After you hear the 'alert' you may not have much time to lose. Push your chin well in, first. Be careful not to pull the harness out of place at the back. Never mind your hair, nobody looks nice in a gas

mask." It was significant that no one smiled. Everyone was in dead earnest. This was war. We had better get ready for it.

And this is precisely what we are striving to do. In every Province in Canada, nurses are attending first aid and A.R.P. classes just as they do in Montreal. At first sight, the actual procedures seemed deceptively easy—until we remembered that they would have to be carried on under stress and in a terrifying environment. We began to realize that disaster is not a medical emergency, pure and simple, but may be on so vast a scale that the community will be obliged to summon all its protective forces. Police, firemen, the Red Cross Society, and the St. John Ambulance will be called into action and, unless we understand the function of each and every group, we cannot effectively fulfil our own.

Here then is the new and different warfare to which we are called. A warfare which seeks not to kill, but to make alive, not to destroy but to heal. Even in 1940, the Christmas message has not lost all its meaning. Peace on earth may seem little more than a dream, but goodwill toward men is still a living reality.

— E.J.

In Memory of Edith Cavell

Nurses in every part of the Empire will gratefully and affectionately pay homage to the memory of Edith Cavell, who, twenty-five years ago, was shot by the German military authorities for aiding British soldiers and prisoners during the early days of the first Great War. Miss Cavell was an English woman, trained at the London Hospital, and was invited by Dr. Depage of Brussels to take charge of a hospital there which he had organized. It was while Miss Cavell was matron of that institution that the opportunity came to serve her Country, and she seized that opportunity.

She was an outstanding nurse and a great woman. Her contribution to nursing was recognized both in England and Belgium. Those who knew her admired her for her quiet but forceful personality, and those who read her life realize what manner of woman this was who so willingly gave her life for her country. Canada honoured her by giving her name to one of its grand Rocky Mountain peaks, Mount Edith Cavell. Could a finer tribute have been paid? These great mountain peaks have stood the test of time and in their grandeur and beauty are such a challenge to man.

Memorials have been built to her, but not well enough are her last words remembered—"I realize that patriotism is not enough. I must have no hatred or bitterness toward anyone". Was her sacrifice in vain? Surely not, although in these war-torn days, one does ask such questions. Twenty-five years have passed since then, and the members of the Canadian Nurses Association renew their pledge of gratitude on this anniversary day to the memory of a great nurse—to the everlasting memory of Edith Cavell.

Editor's Note: This article is the text of a radio address delivered by the President of the Canadian Nurses Association, Miss Grace M. Fairley, on the anniversary of the death of Edith Cavell.

The Nursing Care of Eczema in Babies

MADELEINE FLANDER

There is one day during my post-graduate course in pediatric nursing that I shall always remember vividly. The teaching supervisor came along one afternoon and told me that a baby suffering from eczema was coming up from the skin clinic and that she would return in a few minutes to tell me what to do with him. "In the meantime," said she, "keep him from scratching". In a few minutes Johnny B., a fat, well-nourished baby about fourteen months old appeared. I put him in his crib and stood back and looked at him. He was a picture of complete misery. Face and scalp were covered with thick, yellow crusts, with here and there a raw, bleeding surface where finger nails had reached their mark. Crying lustily, and too concerned about this new experience even to scratch, he walked to the foot of the crib and stood peering through the bars at me. "Poor, little thing", I thought, " how completely uncomfortable he must be".

I carried my baby around the ward on a tour of inspection, picking up a few brightly coloured blocks and a red rubber ball which he himself reached for and hugged tightly. We played for a few minutes and gradually he stopped crying although I could see that he was still concerned over the strangeness of his surroundings. But he had found something that was familiar, namely his blocks and ball, and was not feeling too badly.

As soon as Miss S. arrived I put my charge back in his crib. We found that the head and face were much worse than any other part of the body. There were a few patches of dry, scaly, skin on arms and legs but these areas did not seem irritable. Later on I found that a tendency to severity about the head and face is characteristic of eczema in babies. "Now let us see what good nursing will do," said Miss S., "I think you will enjoy this experience. Johnny will be happy and well before long, and you will have played an important part in making him so." Then she mentioned the important points in the nursing care of eczema in children: (1) crusts must always be removed; (2) the skin must be kept clean; (3) irritation of the skin must be avoided by preventing scratching, over-heating, pressure of clothing, and other forms of friction.

There are several ways to remove crusts—a bath, oil, boracic compresses, and starch poultices. In this case, the attending physician preferred starch poultices, so these were chosen. They remain moist for some time and soften the crusts so that they come off easily. Our first responsibility was to bathe the baby, clip his hair, and apply the poultices. Miss S. held the baby's hands while I worked. He didn't like it much and cried continuously in spite of my attempts to reassure him by talking in soothing tones. We had to tie his hands to the sides of the crib while we made the poultices, but the use of a clove-hitch knot insured that circulation would not be interfered with.

A starch poultice is easily made in the following manner: take a tablespoon of starch and add to it a teaspoonful of boracic powder. Add just enough cold water to make a stiff paste. Then pour in boiling water until the starch suddenly becomes

Front view of face mask

transparent. About half a pint is necessary for this. The solution is then allowed to cook, and a jelly forms. This is spread about a quarter of an inch thick on old clean linen or cheese cloth and applied to the affected part. It is left on for half an hour and then bathed off with warm water. Do not allow the starch to become dry, as it increases irritation and delays healing. Applications can be repeated until all crusts are removed. Do not apply the starch directly to the skin. Place one layer of cheese cloth between the poultice and the affected surface.

We made enough poultices to cover the head, cheeks, and chin, and I wondered how we could possibly keep them in place. But Miss S. calmly went to the supply cupboard and brought out what looked like a piece of gauze, but turned out to be a face mask. This is made from cheesecloth, twenty to thirty inches square, with a piece of old linen six inches square stitched to the cloth in the centre. In the middle of this linen patch, a hole approximately two inches in diameter is cut for eyes, nose, and mouth. At the sides, the cheesecloth is cut into tails and when the mask is in position the tails are braided down the back. It stays in position very well and there are no hard lumps for the baby to lie on. Johnny was then dressed in cotton clothing, the bed clothes were turned down to the foot of the bed, the head of the bed was raised slightly and we left him with his wrists tied. Miss S. explained that this restraint could not be avoided while the poultices were being used and emphasized the fact that they must be changed often enough to keep moist poultices next to the skin.

The following morning I took Johnny's mask off and was amazed to see the difference. His skin looked pink and clean, and he gave me a one-sided smile. I sat him up in the high chair and gave him his breakfast and he did quite well at feeding himself. He had evidently been well fed and well trained at home. Miss S. came in and went over my patients with me and pointed out that Johnny needed attention first. We gave him a good bath in the tub, washing his head too, but being careful not to do too much rubbing. The skin looked quite clean, but some areas were bleeding a little. Back in bed we dried these areas with pressure, using sterile swabs.

Many different medications are used in the treatment of eczema, according to the preference of the attending physician. In this case, the ointment was "tar and calamine", which is made by mixing one part of tar ointment with three parts of calamine ointment. Miss S. told me that while the ointment should be removed from the jar with a tongue depressor, it is much better to use the hand to rub it on to the skin. It is soothing, and gives comfort to the patient, to rub the skin gently with the palm of the hand. If one attempts to apply the ointment to a moist, weeping

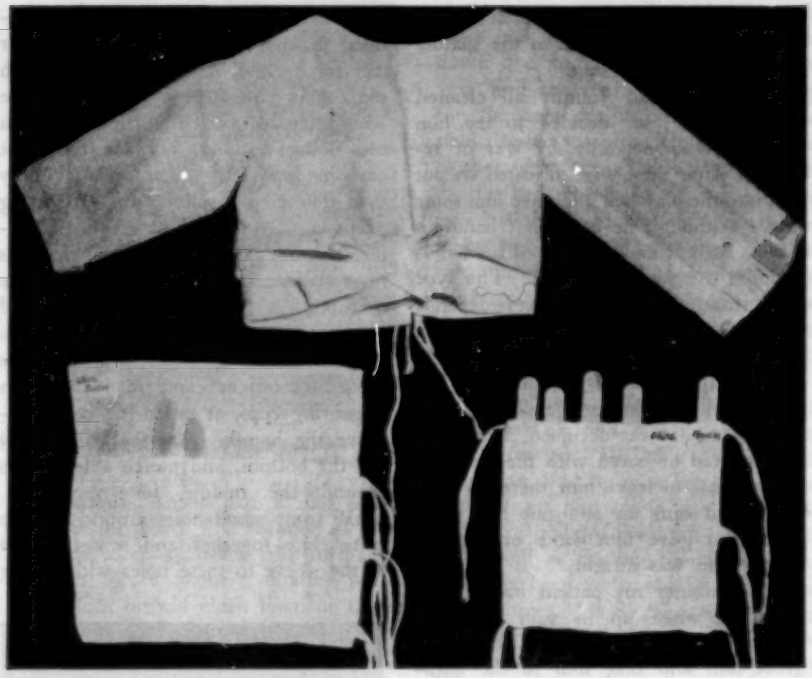
area of skin with a tongue depressor, the ointment will adhere to the spatula rather than to the skin.

When we had Johnny all cleaned and "tarred", we decided to try him with elbow splints only, by way of restraint. After these were adjusted we put him into the play-pen and gave him some toys. Although he could not bend his elbows he still had full use of his hands and did not seem to mind. The type of restraint for these babies depends entirely upon the location of the eczema and the age of the baby—and no two are exactly the same. Johnny did not try to rub his cheeks against his arms as long as he was occupied, but when he got tired or bored with the play-pen it was fatal to leave him there. When we picked him up and put him back to bed or gave him some other little change, he was alright.

After dinner my patient had a long sleep and woke up in very good humour. I came on duty just in time to greet him and take him to the bathroom. Sometimes he would use the toilet, and at other times he wouldn't, but he was reliable as long as he was taken regularly. I collected all the articles needed for his afternoon care, including warm liquid paraffin and began my half-hour's work with him. I bathed him all over with the oil, taking off all the ointment and removing any dry bits of skin or crust. Then I dried the skin with a towel and re-applied the ointment, dressed him once more and put him in the play-pen on the gallery so as to give him a change. The gallery is shady in the afternoon, while in the morning it is too sunny and my Johnny must remain indoors. Perhaps because he was lonely he was not contented, so I brought him in and put him in his high chair beside some children who were playing with a doll's house.

As the days passed, Johnny continued to improve. He was on regular diet for a child of his age, played with the others and slept occasionally. He would try to scratch when he was in bed doing nothing, but for the most part he was very good and we only used the elbow splints for restraining purposes. At this point it may be interesting to speak about other methods of restraint. Aluminum mittens are useful when the body is involved and the face is clear. These can be purchased at a drug store, but effective substitutes can be easily made from tin measuring cups, at much less cost. Remove the handle from the cup, round out the bottom, and punch a few holes around the middle for ventilation. Make some small holes around the top quite close together and sew the cuff of the sleeve to these holes with strong

Back view of face mask.



Splint jacket, and (below) two types of tongue depressor elbow restraints.

linen thread. The child thus has free use of his arms, and amusement from banging the mittens about. Elbow splints can be made for small babies from tongue depressors. A casing is made from flannelette to hold the tongue depressors in place, and the splint is tied to the elbow with tape.

For older children, a waist, fastening at the back and with sleeves which are prepared with a casing for wooden splints, is more satisfactory. This "splint jacket" the child cannot remove. Use the hard wood that is used for veneering, and the splints will not bend or break. The jackets are made in various sizes and with sleeves of varying lengths, while the wooden splints are also cut in varying lengths. A cuff of three or four inches at the bottom turns up and buttons, so that the splints will not slip out. When it is necessary to tie the wrists and ankles to the sides of the bed, a clovehitch knot is used in a flannelette bandage. Thus there is no risk of injury, nor danger of the child being able to free hands or feet. It must always be remembered that no method of restraint can be perfect, and the child must be watched carefully to make certain that the method used is effective.

A few days later Johnny was well enough to go home. The social service worker had visited his home and found that although the family was poor, they were very clean. His father was working, and there was a younger

baby in the house. The social service worker said that we would have to instruct his mother, or else Johnny might not do so well at home. Miss S. gave Johnny's mother careful instructions about bathing and keeping the skin clean, applying the ointment, restraining the elbows and regulating his diet.

Before summarizing this interesting nursing experience, I will present a few notes regarding the cause and nature of eczema. The following excerpts are taken from "Essentials of Pediatrics" by Jeans & Rand, third edition:

Eczema is a dermatitis caused by internal or external irritants and having distinctive characteristics which make it differ from the dermatitis of bacterial inflammation. It tends to run a chronic course with periods of remission and exacerbation. Eczema occurs at all ages. It is considerably more frequent in infancy than at any time later in childhood. The eczema of childhood usually has its origin in infancy, and only in a very few instances does eczema have its onset after two years of age. The common type of infantile eczema occurs most often in fat, or well-nourished babies. The lesions are most severe on the face, but may appear also on the scalp, forearms, legs and trunk. In the early stages and in the exacerbations the superficial epithelium is lost and the skin surface is raw and oozing. The exudate tends to dry and form crusts.

In the present state of our knowledge, the cause of infantile eczema cannot be stated with the definiteness and accuracy which one desires. That allergy is a large factor in many instances is an acceptable belief, but any claim that it is the cause in all cases is not supportable by the evidence at hand . . . Other factors than skin sensitivity seem to play an important role.

I might add that eczema is not infectious or communicable, and babies with eczema need not be isolated unless an infection, such as impetigo is superimposed upon the eczema. This secondary infection is easily acquired in the eczematous areas of skin.

In conclusion, here is a summary of the most important factors in the nursing care of eczema in children:

1. Remove all crusts before applying any medication. This may be done by using soap and water bath, boracic compresses, liquid paraffin, starch poultices.
2. Keep the skin clean. Remove all ointment with warm liquid paraffin. Give daily soap and water bath, except when it is definitely seen to increase the irritation. Use a mild soap. As the crusts form, they must be removed. If the scalp is involved, clip the hair.
3. Prevent irritation of the skin by the use of suitable restraints, the type of which depends upon the age of the baby and the location of the eczema. Dress in light cotton clothing. If the baby rubs his hands or arms against the mattress, bandage them very lightly with a gauze bandage, or cover with cotton stockings. If a woollen blanket is used on the child's bed, encase it within a cotton sheet. Avoid all woolly toys.
4. Do not use oils other than liquid paraffin, because they are frequently irritating. This statement applies to olive oil, cotton-seed oil, etc.
5. Protect these babies from respiratory infection because they are particularly susceptible to it. Change the position frequently, and keep the head of the bed elevated. If the child is old enough, keep him occupied and maintain the routine of a normal baby so far as possible.

I think I have mentioned the most important points in caring for a baby with eczema. I did enjoy looking after Johnny, and other babies like him, because we can give them such relief and comfort and can see before our eyes the effects of careful nursing and skilled medical attention.

Blood for Britain

Editor's Note: Since mid-August, six thousand American citizens have found a way of expressing their sympathy for the cause of Britain. Through the Blood Transfusion Betterment Association and the American Red Cross Society, they have contributed blood plasma, separated from the corpuscular solids, and shipped in liter flasks for transfusion into the veins of wounded soldiers and civilians in Britain. The plasma technique is a great step forward in the treatment of shock, the grave complication of all war wounds. The patient in shock literally "bleeds" plasma through the capillary walls into the body tissue. This loss of blood volume increases the normal risk of surgery and, like hemorrhage, can itself bring death. Transfusion of pooled plasma replaces directly the loss of liquid volume and can be administered without delay for blood typing.

The article which follows relates the personal experience of a Canadian-born blood donor, who prefers to be identified only by initials. Although not herself a nurse, she is a member of a well known Canadian medical and nursing family. In spite of its light touch (or perhaps because of it) the narrative suggests the deep significance of this gift to Britain.

I have been attending a "blood bottling". It sounds like a magic ritual out of Frazer's Golden Bough, but was held at a hospital, and is by no means the first time a primitive idea has gone modern and scientific. Instead of taking lion's liver for strength, the thing is now the liver of the cod, and sheep hormones instead of tiger's heart. I first heard of it only a few weeks ago, and since then references keep showing up: "thousands stand in line at hospitals to give blood for Britain", "volunteers near 8,000 mark." "New York and Brooklyn Chapters of American Red Cross undertake to send 4,000 pints of plasma monthly". Now I see the movie actors are contributing, and with all these 100 percent Americans laying down pints of blood, it seemed time for the British-born to get into the parade.

A writer-to-the-paper obligingly gave the name and address of the organization which makes appointments. The Blood Transfusion Betterment Association (a rather clumsy title, I thought) is at the New York Academy of Medicine Building, so the day before my next Friday night in town, I found them in the telephone book, between Mr. Mortimer Blood and a string of Bloodgoods. Yes, they would make an evening appointment — first vacancy a week from Friday. Would I go to the Postgraduate Hospital at 7 p. m.? Name? Age (approximate)? Address and telephone number please, and was I in good health? Also, would I kindly eat nothing for at least four hours before coming down. In a day or two I got a letter verifying the appointment.

Although moderately familiar with hospitals, I did not know just what to expect. According to the papers, a gentleman from the City Hall (the Comptroller I think) had delivered up his pint one morning on his way to work and said there was nothing to it. This was encouraging, and " tumbril" would be far too sinister a word to apply to the little red bus in which I jolted dinnerless down Second Avenue — it was more like a trip to the dentist's

The Postgraduate Hospital has a high standard of tradition and reputa-

tion, and in the entrance hall stood a symbolic figure in grey draperies, with a large red cross on her bosom. It appeared she was neither a poster nor a statue, and as I stopped to consult my letter, she floated forward and opened the door. "Won't you come in? You are one of the blood donors? This way, please". I was wafted down the hall and left in an admitting office. Here my letter was clipped to a form already on file, and to these was added a form of release to the Hospital. Then I found a place on one of the benches, with a number of other people, while more kept coming in. The procession was slowed up somewhat by lack of accommodation for such an unusual number passing through the surgical department. A separate room was required for each patient, with a nurse and a doctor to look after it.

In the New York manner, nobody paid any attention to anyone else. I had my knitting, some read, some smoked self-consciously, some appeared to brood. There were business men, working men, (one of them had a tartan tie), women who might be office staff or teachers, some probably house-wives. One was a plump Jewish mama. There was a nice tailored blonde young woman on my left, and a brunette on my right. The first to be called was Miss A., the blonde. Others were called and disappeared. Then Miss B., the pretty brunette, shattered tradition by asking for a match, which I did not have, and we went on to exchange confidences. She said her friends thought she was crazy to come. — "I faint at the sight of blood". The appearance of returning donors was not too reassuring — a little haggard, and with their hats on at strange angles. However before our courage quite oozed out they called both of us and we were on our way.

First some questions, the answers written on our forms. Then blood pressure, pulse, and temperature. Then the hemoglobin test, mine was a nice bright red. Then a wait on another bench until a room should be vacant. Through a maze of corridors and rooms, strong lights and black shadows, moved white figures fantastically masked and gowned, suggesting the Spanish Inquisition. We got a glimpse through an opening door of Miss A., dishevelled and pale, reclining on a table. Miss B., looked a little pale also. Then she was led away in one direction and I in another.

The room contained little besides a padded table and a sink. An attractive masked nurse did the honours. She was explaining the procedure to another nurse, about to take over. "You'll have no trouble — except maybe in shaking the blood. That takes quite a while. There is sodium citrate in the flask, and you shake it to prevent clotting. Let the patient lie down, and when the doctor decides which arm he wants" . . . At this point a squarish sheeted physician hurried in, indicated the right arm, and hurried out again . . . "you insert the arm board under the mattress, so. Rinse the tubing in the sink. Some nurses clamp the tourniquet, but I prefer to tie it. You stay and watch this one, and then take the next." The doctor bustled in again, "The tourniquet, nurse". Iodine was mopped on my arm, and what seemed like rubber tubing was tied above the elbow. A tall young doctor has come in, and was saying, in a Southern accent, "Could the number of this room be sent to the telephone operator, nurse? Ah'm on call tonight . . ." "Are you to have this room?" said the first physician, "I'll just start this one to give you the idea, and you can carry on", with which he poised a large hollow needle attached to a tube, and neatly inserted it in the

large vein at the elbow. "There, that's it . . ." and disappeared.

So that was all? Everything was just fine, and it was not going to be bad after all — but what was this strange sensation? Something to do with sailing the seas in a fresh breeze, rapidly increasing to a gale. What was the name of that stuff? I couldn't think, but the nurse knew right off, and brought it, — aromatic spirits of ammonia on a piece of cotton. "Did you have anything to eat?" I shook my head, and the other nurse said: "They tell them not to". "For goodness sake, why? I think it's a shame." The doctor felt my pulse. "Having trouble? . . . A little brandy, nurse . . . can you take brandy? Yes?, and raised my feet a little higher. The nurse announced that it was "not running very well" and the doctor said, "Please clench and relax your hand — that' better". It must have been the brandy, and I hope that fine glow was transmitted with the plasma.

Then it was all finished, and the doctor was leaving with the advice, "Better have her lie down for fifteen minutes, nurse". But it did not take that long. There had been rumours of coffee somewhere outside. The nurse was putting on a workmanlike bandage. "Just bend your elbow a little, that's it. Leave it on till morning, unless it is too tight. Yes, I'll take you over myself." So we left the room for the next customer, and I noticed that my hat was over one eye. Just try putting on your hat with a bandage around your elbow!

The coffee was being served, with a Graham biscuit or two, to a group of my contemporaries, now feeling relaxed and friendly, and exchanging accounts of their "operations".

"No trouble at all."

"He couldn't find the first vein, and had to try the other arm."

"That was too bad".

"Oh, it was all right so long as it will do some good."

"That's right, I think so too."

Miss B. was looking very cheerful, and I asked her now she had fared. "I was completely out, and even dreaming — a very interesting dream." "Didn't you qualify for brandy?" This caused a sensation. "Oh, no! I am allergic to alcohol." Mine was making me feel conversational. The man with the tartan tie was saying: "My wife was going to come too, but got cold feet. When I tell her how many ladies were here, she will be sure to come the next time." He put any number of R's into it, so I said: "I know the tartan you are wearing. It's R-R-R-Royal Stewar-r-r-rt?" (It developed he was from Dunfermline). "It was from there Sir Patrick Spens sailed to Norway, to bring the Princess back". He said: "I don't just mind seeing that name, but it was a good job whoever did it". But I was talking about another trip that did not turn out so well and began: "The King sat in Dunfermline toon" . . "Oh, that! It must have been a while back, when Dunfermline was the capital of Scotland".

A nurse was asking "Feeling all right? . . . I'll show you how to get to the door". The admitting office staff was busily registering a new line-up of applicants when we went through. "This way out", and who should we meet but the now familiar symbolic figure, benevolently advising us to "go out and have a good beefsteak". We said good-night at the subway. Miss B. took the Lexington, and I shuttled at Grand Central.

— J. H. S. P.

An Eventful Year

MARY E. HENDERSON

The past year is very different in retrospect from that which I anticipated when I was awarded the Florence Nightingale Memorial Scholarship. I had looked forward with great pleasure to the prospect of a year as an international student at Bedford College and the College of Nursing in London, but owing to the outbreak of war this expectation was not fulfilled. None the less, I have had a most interesting and profitable year, and I shall always be grateful for the opportunity made available to me by the Canadian Nurses Association.

Although menacing war clouds hung over Europe, I have pleasant memories of those first three weeks in the "old country", which I spent motoring amid the beautiful heather-covered hills and braes of bonnie Scotland. When I arrived at International House I found a number of students already in residence. Among them were students from Iceland, Sweden, India, Roumania, the United States of America, Great Britain, Australia, and New Zealand. It was most interesting and stimulating to meet each other and we were all deeply disappointed when we learned that our association was to be so short-lived. War seemed inevitable, and arrangements were already in progress to send these students back to their own countries. Within a week or two most of them had returned to their homes.

On August 28, Miss Vera Armstrong (the student from New Zealand) and myself went to Addenbrooke's Hospital in Cambridge to assist with the evacuation of patients from this hospital, and the reception of patients who were being removed from London hospitals. Plans for the evacuation of patients had been well organized and were carried out very efficiently. During our stay at Cambridge we experienced three air-raid alarms, all occurring at night when we were in bed. In accordance with instructions, we had to rise immediately, don our uniforms, and, carrying our gas masks, hurry to our wards. There we remained to assist and reassure the patients until the "all clear" signal was given. Amid all my recollections of the evacuation, air-raid warnings, and the black-out, there stands out very clearly in my mind the kindness shown to Miss Armstrong and myself by the English matron, sisters, and nurses.

At the end of September, I received word that the Canadian Nurses Association would sponsor a course at a Canadian university if I wished to return to Canada. Miss Armstrong had been advised by the New Zealand Nurses Association to return to New Zealand by way of Canada, but we had several days in London before our sailing date, and took advantage of these to visit St. Thomas's Hospital and St. Bartholomew's Hospital. The long wards and corridors were strangely silent and empty, for patients had been removed from London hospitals except for two or three wards which were kept open for emergency cases and patients too ill to be moved. The hospital basements were most interesting places in those days. There one saw scenes of great activity in strange contrast to the quiet stillness of the deserted wards above. The basements were being fitted up as emergency de-

partments to take care of large numbers of expected air-raid victims. The calm steadfastness of the British people was very apparent. Grim days were facing them, families were being separated, the customary routine of life interfered with in many ways, but one heard no complaints.

It was with mingled feelings that I sailed for Canada with my New Zealand friend. Our ship was convoyed by a destroyer during the first part of the voyage, and we had further evidences of the war in the two big guns at the stern of the ship, the blackout, the life preservers which we were required to keep constantly by our sides, and in the presence of passengers on board who had survived the *Athenia* disaster.

Within a short time after my arrival in Canada, I enrolled at the University of Toronto School of Nursing, and plunged into the midst of lectures and study. As a student in public health who had previously had training and experience in this field, I took a course in public health administration and supervision offered to a small group of experienced nurses. This included lectures in principles of public health nursing, child hygiene, teaching procedure, development of modern educational thought, psychology, and weekly conferences on administration and supervision in the public health nursing field. We also "sat in" on various other classes, which included an interesting study of new types of nursing schools in Europe and North America, and of the Proposed Curriculum for Schools of Nursing in Canada.

One of the advantages of attending the Toronto University School of Nursing is the opportunity it affords to observe a new form of nursing school at first hand. The undergraduate training course was organized in 1933, and is a recognized school of nursing in the Province of Ontario. The course is thirty-nine months in length, and leads to a double diploma, qualifying its graduates for hospital nursing and public health nursing. The students pay tuition and maintenance fees, and are resident in the School of Nursing building. The greater part of the hospital experience is received at the Toronto General Hospital, and throughout the entire course the education of the students is carefully planned and supervised. This School differs from hospital training schcools in that it is financially independent of the hospital, and is perfectly free to control the education of its students. The School of Nursing of the University of Toronto is the only school of its kind in our Dominion, and its leaders are making a great contribution to nursing education.

This School, with its undergraduate and graduate course, attracts students from many parts of the world. Ten students, holding Rockefeller fellowships, were enrolled: three from Denmark, one from Finland, one from Sweden, one from Greece, one from the Fiji Islands, one from Japan, one from the United States, and one from Canada. These students bring with them a knowledge, not only of nursing conditions, but of the different ways of living in their own countries. Contact and friendship with them is a broadening experience, and I felt that we in Canada can learn much from them as well as contribute something to them. Informal fireside talks and seminar discussion brought home to us very strikingly the strong bond of common interests which unites nurses in all parts of the world. Moreover, our companionship outside classes with these students from other lands was always very congenial and interesting.

A cosmopolitan group at the University of Toronto School of Nursing.

During the second term, weekly seminar discussions were held at which students in the hospital staff nurses course and in public health nursing met together to discuss nursing progress and problems. This combining of the two groups was of great educational value, and impressed on our minds the fact that our problems are very similar. An interesting social function was the annual "uniform" dinner, at which all the students are guests of the nursing faculty. Both staff members and students wear the uniforms of their own training schools, and the mingling together of approximately fifty different uniforms made a quaint and picturesque scene.

The months of April and May were spent entirely in the field and for the greater part of the time I was with the Toronto Board of Health. I also visited the Victorian Order of Nurses and the Visiting Homemakers Association in Toronto, and the Health Department in the city of Hamilton. I found this period of field observation and experience most profitable. By comparing the work of your own organization with that of others you are able to see more clearly the strong and weak points of your own. After leaving Toronto, I paid brief but instructive visits to the Department of Health, the Henry Street Nursing Association, and the offices of the National Organization for Public Health Nursing in New York City, and the Department of Health and the Visiting Nurses Association in Detroit.

Upon the completion of my varied and interesting year, I realize that it has been well worthwhile, and as the days and months slip by I shall appreciate its value even more fully. Although we at the Pacific Coast are a long way from Eastern Canada, our activities, methods and problems are very similar. While I am still an ardent westerner, the time I spent in the east has made me prouder than ever of our great Dominion, and, I hope, a more understanding and intelligent citizen.

Equipment for Nursing in the Home

KATE MCILRAITH

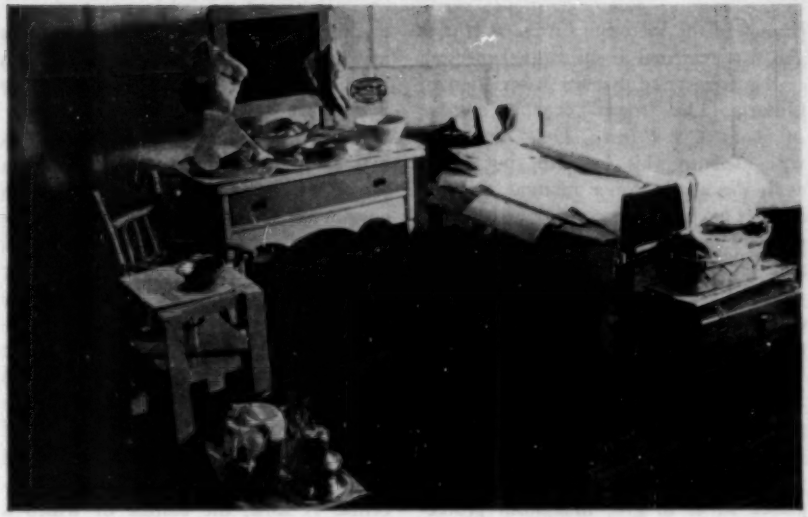
Many nurses, particularly the younger and more recent graduates, hesitate to take home cases, preferring to work only in the hospital where they are on familiar ground. Yet there are many people who, for various reasons, do not go to the hospital but who require nursing care in their own homes. Unfortunately, the nurse sometimes forgets the simple appliances she may have seen used in her own home, and comes to believe that the complicated and expensive equipment of the hospital is necessary for the simplest procedure.

Various authors have pointed out that the use of substitutes for hospital equipment should be taught in the classroom of every school of nursing. The graduate nurse who does home nursing must be ready at all times for any type of case. She does not always know the home conditions to which she is going, nor the nursing care which she must give. In order that she may be able to give efficient service, she should be prepared to utilize the home equipment which will enable her to carry out nursing treatment.

Fortunately, the use of improvised equipment in the home is now taught in many schools of nursing, and some schools have their students spend an affiliation term with a visiting nursing organization. The nurse who has not had this teaching in the hospital, nor practical experience on a district, must adapt her own knowledge of hospital techniques to conditions in the home. With experience, she will soon develop confidence and initiative in meeting situations which at first seemed difficult.

Hospitals have adopted techniques which ensure efficient nursing service. In the same manner, visiting nursing organizations have developed techniques and procedures based on hospital technique, but adapted to meet conditions in the home. For example, in doing a surgical dressing in the hospital, the nurse always uses a tray on which she places the necessary instruments, dressings and solutions. This saves her time and ensures proper preparation. In the home, the nurse should do likewise. She may use a cheap tray or a large platter, on which she places her solution bowl, a covered sealer or jar for solutions, her instruments, dressings, adhesive plaster, and clean towels. This tray should be covered with a clean towel and always kept in the same place. Surgical dressings may be made up in the required size and sterilized by baking the bundle in the oven at 350° Fahrenheit for one hour. A basin of water placed in the oven for the first half-hour will prevent scorching.

In the hospital, the nurse has sterile towels to place around the wound when she does the dressing. In the home, freshly ironed towels present a clean surface, but the nurse knows there is not a sterile surface and learns not to place instruments on the towel but to put them into a sterile receptacle. Soiled dressings may be disposed of by placing them in a paper bag which can be burned immediately. These bags can be easily made in various sizes from newspapers. When pinned to the sides of the bed they make an excellent receptacle for soiled Kleenex, fruit skins, and other rubbish. A larger paper bag may be used as a cover for the bed pan so that its lower surface will not come in direct contact with the floor. This is especially important in mater-



Miniature set-up for a confinement in a home.

nity cases, when the area we are trying to keep clean would come in contact with the sheet that had been contaminated by the bottom of the bed pan.

Newspapers have no special virtue, except that clean paper is much cleaner than the floor. They are invaluable in protecting the bedside table or chair while giving nursing care. A newspaper, spread on the floor to receive soiled linen, will prevent lint and crumbs from falling on the rug. The family appreciates this care of their furniture. Pads, made from fifteen to eighteen sheets of newspaper, covered in front with clean cotton and lined at the back with brown paper, are a great help in caring for maternity patients. The brown paper is fairly non-absorbent and protects the sheets from any trace of printer's ink which might otherwise stain them. If the cotton is mitred at the corners and basted on, it may be removed after use, washed and used to cover a fresh paper pad.

Even if a bed bath is the only nursing care required, the nurse will find it saves her time if she keeps the requisite articles in a certain place where the members of the household will realize that they belong to the patient. For a hypodermic the tray used may be a plate on which a small jar of absorbent, alcohol and medication are placed, together with a small basin in which the syringe can be boiled. Again, the inevitable little newspaper bag makes a neat receptacle for the discarded alcohol swabs. The use of trays for every procedure saves the nurse many steps. It is a much more systematic way of working, and since illness in the home is not only a financial burden but also upsets the whole routine of the household, the nurse who efficiently organizes her work is appreciated.

The accompanying illustration shows a miniature set-up for a confinement in the home. It was prepared by the Ottawa

Branch of the Victorian Order of Nurses and was exhibited at the annual meeting of the Registered Nurses Association of Ontario. The "room" occupies a space of about 3 x 4 feet. Dolls' furniture was used in this instance, but could easily be made by a manual training class. The furniture consists of bed, bureau, chair, bedside table, baby basket, and cedar chest. The central layer of the mattress is made of excelsior, then comes a layer of cheap absorbent, and the cover is made of grey cotton. The bed is made up in the usual way with a lower sheet, a rubber sheet or a newspaper substitute, and a cotton drawsheet. Three newspaper pads, made the full size of the opened newspaper, are placed so as to give maximum protection to the bed. The bottom pad is placed crosswise in the middle of the bed, and the second pad is placed on the top of this, also crosswise. Hanging over the side of the bed in which the patient will be lying is the third pad, placed lengthwise and overlapping the others, but extending lower. This arrangement provides three thicknesses under the buttocks. In addition, a small paper pad (single page size) is placed at the foot of the bed to receive the baby. The top coverings are tucked in securely at the far side, and folded back as an anaesthetic bed, they are thus easily available when needed.

Draped on the head of the bed, is a short nightgown or pyjama coat; a binder with safety pins; and a small towel or handkerchief, folded in readiness to protect the patient's eyes if an anaesthetic is given. On the foot of the bed, is a pair of clean white stockings, and three diapers which, folded in triangles, may be used for draping the patient. At the foot of the bed, on a chest or trunk which is protected by newspapers, is the clothesbasket bed for the baby. In this is placed a receiving blanket, lined with a diaper. The clothing is arranged in the order in which each garment will be required, and the whole is wrapped around a hot water bottle.

On the dressing table, protected with a thick pad of newspapers and a clean towel, we have the doctor's set-up. This consists of a sterile basin for his hands, soap, sterile brush, clean towels, container for the gloves, bowl for cleaning the perineum, a package of sterile absorbent squares, and a sealer of sterile water. On the end of the dressing table we have a basin in which are sterilized the scissors, artery forceps, hypodermic syringe, catheters, etc. This is covered with another basin which may be used as a receptacle for receiving the placenta. A fork, the handle of which is left protruding, serves as an aid in removing instruments from the basin.

At the very end of the dressing table is the baby's tray, with the usual jars of absorbent, olive oil (which is in a small bowl of hot water), soap, safety pins, a sterile cord tie and dressing, prophylactic for the eyes, and sterile water for the eyes. This tray is covered with a clean towel.

In the bureau drawers may be placed the sterile perineal pads, more packages of absorbent swabs, bed linen, and personal linen for the mother and baby. On the chair, on a newspaper, the nurse places her bag, and on a paper napkin she places the articles which she is likely to need. The small table close by contains the nurse's set-up—a sterile basin for her hands, soap, and a clean towel. On the lower shelf she places the mother's breast tray, consisting of a small jar of sterile water and a jar of absorbent. When the case is over, this will be placed beside the patient and a small newspaper bag pinned to her bed for the soiled swabs. On the floor, spread out on a newspaper, are a kettle of boiling water (placed on an inverted pie

plate or piece of wood), a large jug of cold boiled water and a pail for receiving waste water.

A large "confinement bag" is made of eight sheets of newspapers, full size, folded and pinned so that we have a bag 9 x 6 inches, and about 18 inches high, with an extra fold of paper placed in the bottom of the bag, so that the placenta may be placed in it without fear of soiling the floor. On the floor, under the bed, the bed pan is placed in the paper bag previously described, and which keeps it clean. Usually just the two upper pads and the small one used to receive the baby are soiled. The patient is left on the clean under pad, the covers may be easily pulled over her, and with almost no moving about she may be left to rest until the baby is fixed up and the room tidied.

A model set-up of this kind could be used to great advantage in demonstrating home procedure to student nurses. They might even prepare it themselves as a classroom project of their own.

All in the Day's Work

HILDA ST. GERMAIN

On Sunday, Mr. R. and Grace came home and told me all about the new baby, and how when they left on Saturday morning they ran into a moose on the Dawson Road, and how many jumping deer they saw. The following Saturday we had a dance at the school. These country dances were great fun and everyone seem to enjoy themselves. The married women made beds for the small children with blankets and coats, and laid them on the school desks, where they slept all through the noise. Some of them had driven eight miles and this was their only opportunity of meeting one another. Music was not wanting. Many of the boys played the fiddle well, marking time with their feet. George Slusar, the boy from the store, played the organ, and someone else played the accordion. They danced the old-fashioned square dances, and how they enjoyed them! They also had "candy walks" in which the young man buys a ticket for himself and his girl, and they form up in couples. A chalk mark is put on the floor and they march around to the accompaniment of music. The couple who are standing on the chalk mark when the music stops, wins a box of candy. Supper was a noisy affair. The benches were lifted down from the loft and the ladies took round cups to each person while others followed with sandwiches, cakes, and tea, all provided either by members of the Ladies' Club, or by some paying their way in with cake or sandwiches. It was about 1 a. m. when I got home, and Grace came in later, with some one to bring her home, of course.

The gray light was just creeping in the windows and the fire had burned low, when there was a loud knocking at the back door. I shot out of bed and groped for my gown and slippers. When I opened the door, there were three men, one the section foreman from Shoal Lake, another very tall man, and supported between them a third man, apparently in great pain. They brought him in and put him in the easy chair,

while I threw some logs on the fire. While I was wondering what could be the matter with the man, he placed his hand on his right side and groaned. I gave him morphine at once, got him into bed with a hot water bottle to his side, and asked the men who were with him what had happened. While I was making a mustard plaster, they told me that he had been staying at the little hotel at the end of the line and about midnight had been seized with this agonizing pain. The section foreman had been called to bring him to me, but so great had been his pain that they had to stop frequently, and had been two hours making the twenty-mile journey. They were very glad to have help here and wondered how they would ever have reached Winnipeg. It was necessary to repeat the dose of morphine but soon the patient was sleeping peacefully. Treatment was kept up steadily all day, and by noon on Monday he was well enough to drive his car home.

Sunday we had a Harvest Thanksgiving service at the school. Ie was crowded, everyone bringing sacks of vegetables which they stacked around the teacher's desk. The lad from the store played the organ, and an elderly Dane got up and tried to preach a little sermon. Everyone was very sincere. I was called up to speak and sincerely wished that the floor would swallow me up, but was ashamed to refuse. So I spoke of the evening walk that Jesus and his Disciples took through the harvest fields, and of the harvest of souls and how God's promise to us had again been fulfilled — that seed time and harvest should not fail. After this we had a regular Sunday School to which both grown-ups and children came. On Armistice Day, Mrs. R. came home with Betty, and how pleased we were to see her back.

In the early part of November a family of half-breeds came and settled at Mile 82. The man and woman were always fighting, although at first I did not know it. One day the woman called, saying that her husband had turned them all out of doors and was threatening them with an axe. She led me to suppose that he had gone crazy, so I telephoned for the policeman, but when he arrived she said she did not need him and led him to believe that I had meddled. However, no sooner had the gas car pulled out with the policeman than the woman was back, wanting me to call him again. Soon she became a regular visitor, telling me how her husband beat her. One night she and her husband came in the middle of the night bringing a sick child with them, and they were calling one another "darling" and "my heart".

One bitterly cold day, I went to see the children at Glenn School, and was told that this family would drive me home. So one of the little girls took me to their log hut. Although I am only five feet tall, I had to stoop to get in the door, and once inside the place was so dark it took me some time to get accustomed to the dim light. When I did, saw there was one little window, about three feet square, under which was a smaller shelf that served as a table for eleven people. There was also a cookstove, a trunk, a bench, and two beds. Part of the floor was board and part was just earth. Across one end sacks were hung and presently a cow looked through these. The other half of the shack was a stable. Chickens were walking about the floor, and the shack was so low I could touch the ceiling with my hand. Two pretty little girls were playing on the floor; one had fair curls falling on to her shoulders. Two young men sat on the floor, and talked and laughed and seemed as happy as though

they lived in a palace. An old woman sat on the bed and they told me she was eighty-six. She muttered to herself and every now and then called out "biscuit and cheese". The father and mother were out and one of the young men drove me home. When spring came, these people moved away, to my great relief.

About this time I was called one day to see old Joe, who lived all alone, his nearest neighbour being a mile away. He had been a heavy drinker for years and now his stomach was very bad. He had, I believed, cancer of the liver. We found the old man lying on a sack of hay. The table beside his bed was stacked high with tobacco tins and a sack covered the window. The poor old man could hardly get his breath for the intense abdominal pain. A neighbour had given him a hot water bottle and put on a mustard plaster, and another neighbour had stayed with him. I did all I could to relieve him, and I asked the two men who there was to look after him and they told me there was no one. He had been sick all day, too sick to go for assistance. They had not seen him about and had come to see if anything was wrong. I decided I would take him back to the Nursing Station with me, and to the hospital the next day. So we put lots of hay on the sleigh, laid him on it, and covered him with blankets. He seemed easier now. The neighbours promised to look after his stock, and his six cats and nine dogs. The next day I took him to Winnipeg and left him at St. Boniface Hospital. In the afternoon I began to feel very ill and soon after getting into bed was in such a high fever that I wondered if I would be able to make the journey back again. The next day, however, I managed to get home although I had to be helped from the train at East Braintree. I was sick for three days, during which time we had blizzards.

(To be continued)

O. H. A. Nurse Administrators Meet

The annual meeting of the Nurse Administrators Section of the Ontario Hospital Association was held recently in Toronto. Miss Priscilla Campbell, Reg N., administrator and superintendent of nurses, Chatham Public General Hospital, presided and two hundred members were present. Mr. Alden B. Mills, managing editor of *The Modern Hospital*, gave an illuminating address entitled, "The Nurses' Part in Hospital Public Relations". Discussion was opened by Miss R. M. Beamish, Reg. N., superintendent of the General and Marine Hospital, Owen Sound. Miss Clara Jackson, Reg. N., director of nurse education, Brantford General Hospital, and Miss M. F. Bliss, Reg. N., superintendent of the Galt General Hospital, each brought out interesting features of vital interest to all persons concerned with the important task of hospital and nursing administration. A round table discussion of the following six questions proved to be very stimulating, and a summary follows:

How can the active superintendent secure special courses in hospital administration?

In reply to this question Miss Marjorie Buck, administrator and superintendent of

nurses, Norfolk General Hospital, Simcoe, stressed the necessity of keeping abreast with present trends in hospital administration. The active administrator can do this by attending refresher courses, such as those arranged by the School of Nursing of the University of Toronto, and by the Institute for Hospital Administrators in Chicago. Reading groups could make systematic use of hospital and nursing periodicals. Regular staff conferences, and attendance at conventions such as those of the Ontario Hospital Association, the Registered Nurses Association of Ontario, and the American Hospital Association, are also beneficial. The necessity of planning for relief when off duty for this purpose was discussed, and a plan of action indicated by the speaker.

Is it feasible to combine the laboratory and X-ray technical service in one person in a hospital of less than 100 *beds?*

Miss E. Williams, administrator and superintendent of nurses, Royal Victoria Hospital, Barrie, suggested that a registered nurse, with technical training and experience in these services, should be employed. The departments should be located side by side on the same corridor, and full co-operation of all departments in the hospital should be given.

How far should hospital collection departments go in forcing collection of accounts?

Major Barr, superintendent of nurses, Grace Hospital, Windsor, said that there are always "the cans, the can'ts, and the won'ts". Pressure should be made when persons can, (but do not) pay a just debt. The "can'ts" deserve sympathy and assistance, and the Hospital must look elsewhere for recompense. As for the "won'ts", the force of the law is necessary to deal with this type. Organized collection agencies may be employed, and co-operation between hospitals serving the same community is most helpful.

What means may be instituted to control the misappropriation of hospital supplies and equipment?

Mrs. M. Leeson, administrator and superintendent of nurses, Nicholls Hospital, Peterborough, pointed out that eternal vigilance is the price of success. Proper identification and regular checking will assist in solving this problem.

Would it be practical and advantageous for a hundred-bed hospital to have a central supply room for dressings, special treatments, trays, etc.?

Miss R. M. Beamish said that this plan promoted efficiency and economy. A registered nurse should be in charge of the central supply room and should have the full co-operation of the nursing staff. A central supply room in a small hospital is just as important as a bank in a small town. Articles, which cost your hospital money, are in safe hands and are always ready for use.

What action should be taken on the part of the hospital management when a patient arrives in the operating room without a history, or evidence of preoperative study?

Miss M. Buchanan, administrator and superintendent of nurses, Niagara Falls General Hospital, Niagara Falls, said that unless in emergency, the management should refuse to allow the operation to be commenced until the necessary examinations are made and findings recorded. The attention of the doctor should be tactfully drawn to the value and importance of recorded information and proper facilities and assistance should be made available to him. The services of a registered nurse with special training can be most helpful in making satisfactory examinations and recording information. If the problem is persistent, it would be necessary to refer the matter to the organized Medical Staff for advice and assistance; failing in this, then to the Board of Trustees, who have the final word in the appointment of the medical staff.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Women's War Services

Her Royal Highness Princess Alice invited representatives of women's organizations to a conference at Government House on October 31, 1940. Her Royal Highness, who presided, said that she had called the meeting to discuss possible co-ordination of activities to prevent overlapping and to increase efficiency. Many organizations and the Department of National War Services were represented. As the President of the Canadian Nurses Association, Miss Fairley, was unable to attend, she was represented by the Executive Secretary. Other members of the Association who were present were Miss Elizabeth L. Smellie, Matron-in-Chief, R.C.A.M.C., and Miss Maude Hall, acting chief superintendent of the Victorian Order of Nurses for Canada.

The Department of National War Services issued a statement on the meeting which is quoted in part :

A very full discussion took place, with the result that the meeting thoroughly approved of some method being evolved of co-ordinating the activities of these various organizations.

The opinion was expressed that this co-ordination should be carried on in conjunction with the Division of Voluntary Services of the National War Services Department. A small committee was appointed for the purpose of discussing a plan of carrying out the idea and submitting it to the organizations concerned. This committee will give immediate consideration to the problem.

It is intended that a Women's National Advisory Committee, of which Her Royal Highness will be patroness, shall be appointed to co-ordinate the work of the various national organizations.

Executive Committee Meeting

The Executive Committee of the Canadian Nurses Association met in Vancouver on October 26, 1940. Those present were the president, Miss Grace M. Fairley, Misses Anne Cavers, Margaret Duffield, Florence Innes, Margaret Kerr and Kathleen Sanderson, Honourary Secretary. Among the reso-resolutions adopted were:

1. That the Executive Secretary be asked to write to all Provincial Associations requesting that the fees of nurses who are in good standing and who have proceeded overseas on active service be waived until six months after they return to Canada.

2. That Miss Ethel Johns be appointed to represent the Canadian Nurses Association on the Nursing Council on National Defence of the American Nurses Association on the invitation of its president; and that a letter be sent to the President of the American Nurses Association, expressing the appreciation of the cordial relationship between the two national nursing organizations.

3. That Miss K. W. Ellis, chairman of the Nursing Committee of the

Canadian Hospital Council, be asked to take up the question of nurses being permitted to carry out clinical procedures as suggested in the minutes of the Hospital and School of Nursing Section, and which was referred to the Canadian Nurses Association by the Canadian Hospital Council.

This matter has been questioned from the legal standpoint, and while the Canadian Nurses Association went on record as endorsing such a policy, it is realized that before hospitals could be asked to accept this responsibility further information from all provinces should be secured as to the specific need and the legal responsibility.

4. That a letter be sent to the president of the Association of Registered Nurses of the Province of Quebec expressing the appreciation of the Executive of the Canadian Nurses Association for their willingness to meet the expenses of the translation of the Curriculum Supplement and the Guidance Pamphlet and to share the cost of printing the French editions, by one-half.

5. That a letter of appreciation be sent to Mrs Plumptre for her service as chairman of the National Joint Committee on Enrolment of Nurses since its inception in 1926, and that satisfaction be expressed that she is remaining on the Committee as a remaining on of the Canadian Red Cross Society because her advice has been and will continue to be invaluable to the work of the Committee.

6. That the enrolment of non-registered graduate nurses be left entirely in the hands of the Provincial Registered Nurses Associations rather than the Joint Enrolment Committee.

7. That the chairmen of the three Sections be appointed to the Legislation Committee, in an advisory capacity.

Vote of Thanks

Interim meetings of the Executive Committee are held at the Vancouver General Hospital. A vote of thanks was passed by the Executive, in meeting on October 26, in appreciation of the hospitality offered by Miss Fairley and the Hospital.

Committees:

The *Committee on Nursing Education* has underway the preparation of a Supplement to First Aid Nursing.

The convener of the *Florence Nightingale Memorial Committee* reported that members of the committee favoured the offering of loans and bursaries. In response to a request for advice on several specific points, the Executive recommended that the convener, together with the convener of the corresponding committee of the province in which the national convener resides, and the President of the Canadian Nurses Association form a sub-committee to formulate policies to be referred to the committee as a whole; and that if any emergency requests for financial assistance be made before the policies relative to loans and bursaries are fully formulated, the sub-committee is authorized to make such financial

assistance as in their opinion shall meet the need.

The *Exchange of Nurses Committee* outlined its initial plans toward the encouragement of interprovincial exchange. The Executive, when endorsing these plans, suggested that the Committee also consider the possibility of short periods of exchange within the provinces between public health and institutional nurses, with due consideration to disruption of nursing service.

In co-operation with the *History of Nursing Committee*, the Overseas Nursing Sisters Association of Canada has arranged to supply a record of nursing service during the Great War. This work is to be undertaken by the former Matron-in-Chief, Miss Margaret Macdonald.

Sections

Public Health Section: As a result of the interest evidenced in the progress report following the study made last year of existing requirements for the employment of public health nurses, the committee appointed to continue this work has decided to do some further fact-finding. The Executive of this Section is collaborating with the special committee appointed by the Public Health Nursing Section of the Canadian Public Health Association so that a common understanding as to minimum qualifications for the employment of public health nurses may be prepared.

Due to the reorganization of the General Nursing Section and the Hospital and School of Nursing Section, following the General Meeting of the C.N.A., neither Section was able to submit a progress report.

Edith Cavell Memorial: The President reported that she had been invited to participate in the C.B.C. radio programme on October 19 in commemorating the twenty-fifth anniversary of the death of Edith Cavell.

The Canadian Nurse Exhibit: The editor reported that at the request of the president of the Newfoundland Graduate Nurses Association, the exhibit, as displayed at the general meeting in Calgary, has been sent to Newfoundland for a forthcoming meeting in St. John's.

Scholarship Student: The scholarship student 1939-40, Miss Mary Henderson, submitted a report of her year of study and experience. Due to the discontinuance of the International Course in September 1939, Miss Henderson returned to Canada, and enrolled for special study at the University of Toronto School of Nursing.

War Service Gift: A letter was read from the Acting Deputy Minister of the Department of National Defence (Militia Service) announcing that the donation of forty-five hundred dollars from the Canadian Nurses Association has been applied to the purchase of three mobile X-ray units for three Canadian General Hospitals. A facsimile sketch of the engraved brass plate that is being affixed to each of these units is on file at National Office.

Bonds Purchased: The treasurer reported the purchase of two $1000. War Loan Bonds from reserve funds.

Summary of Provincial Reports

The *Alberta Association of Registered Nurses* made a survey to determine the number of nurses holding the first aid certificate of the St. John

Ambulance Association and willing to secure the instructor's certificate. The Council was due to meet on October 26 when the program of work for the ensuing year was to be outlined.

The *Registered Nurses Association of British Columbia* held a successful refresher course on supervision, following which a core committee was appointed to organize study groups. Special attention was given to the Federal Unemployment Act and to formation of classes in first aid and A.R.P. training. An organizer has been appointed to promote organization of Districts and Chapters throughout the Province. Alumnae and Registered Nurses Associations supplied funds to the Committee for the Evacuees for nursing care as required.

A committee appointed by the *Manitoba Association of Registered Nurses* to prepare a minimum curriculum as a stepping stone toward the Proposed Curriculum, has already outlined the preliminary course. Plans are underway for establishing provincial examinations for first and second year students in schools of nursing to be conducted by the University of Manitoba in similar manner as Registration Examinations. The pamphlet "Should you wish to become a nurse", which has been widely distributed, has been highly commended by the Vocational Branch of the Department of Education.

The annual meeting of the *New Brunswick Association of Registered Nurses* was held on September 24 and 25, 1940. Revised by-laws were adopted to conform to the new Act of Registration. Progress was reported in (1) meeting requirements of the Proposed Curriculum; (2) inspection of schools of nursing; (3) introduction of eight-hour day for nurses; (4) study of minimum qualifications for public health nurses. Plans were made for first aid and A.R.P. classes. The names of Sections were changed to conform with decisions made at the general meeting of the C.N.A. The majority of private duty nurses are enrolled for military service; unemployment notably decreased in some districts. An annual scholarship ($250.) is to be continued. A donation of $150. was made to the Lord Mayor's Fund of London, England.

Each branch of the *Registered Nurses Association of Nova Scotia* received a copy of the letter from the General Meeting of the Canadian Nurses Association, relative to war effort by nurses. Each branch was asked to compile lists of all nurses as suggested by the C.N.A. The Provincial Premier, the Minister of Health, and the Commissioner of St. John Ambulance Association were assured of the desire of the R.N.A.N.S. to co-operate in all war work. A committee has met with a representative of the St. John Ambulance Association to discuss plans for future co-operation. Miss Muriel J. Graham, registrar, corresponding secretary and treasurer, has been granted leave of absence for "the duration", and Miss Jean C. Dunning appointed to act during the former's absence.

The Districts of the *Registered Nurses Association of Ontario* are organizing courses in first aid and emergencies, including A.R.P. The president is a member of the Advisory Committee of the Ontario Civilian Defence Committee (A.R.P.) and the secretary-treasurer is a member of the Medical Services Committee. A recent service enrolment of graduate and practical nurses, undertaken by the Ontario Department of Health, will be of valuable assistance to the Ontario Civilian Defence Committee. A committee is to deal with distribution of

the Guidance Pamphlet (C.N.A.). Contributions to the Ontario Nurses War Fund had reached over $9000. by October 15. Five loans from the Permanent Education Fund were granted during 1940.

The *Registered Nurses Association of Prince Edward Island* has organized first aid classes (St. John Ambulance Association), each with a large enrolment.

The organization of first aid courses was launched by the *Registered Nurses Association of the Province of Quebec* by two radio broadcasts; also all hospitals, public health units, registries and local groups of nurses were circularized. Three members, two French and one English speaking, holding the instructor's certificate, St. John Ambulance Association, are to conduct first aid courses throughout the province at the expense of the A.R.N.P.Q. Plans are underway for the study of the Supplement to the Proposed Curriculum which has been translated and published in French. The Guidance Pamphlet also was translated and distributed. The names of the Sections were altered to conform to changes made by the C.N.A.

The *Saskatchewan Registered Nurses Association* has organized classes in first aid (St. John Ambulance Association) and has recommended to each school of nursing the same course for student nurses. The present enrolment of nurses is being extended in order to be ready for any emergency. Groups have been formed to study the Supplement to the Proposed Curriculum.

Unemployment Insurance

In July last the question of the advisability of nurses being included in an Unemployment Insurance Plan was referred to the provincial associations. The opinion of three associations was submitted to the Executive Committee. The Registered Nurses Association of British Columbia and the Registered Nurses Association of Ontario do not think it is advisable at present for nurses to be included in the Federal Unemployment Insurance Act. The New Brunswick Registered Nurses Association in annual meeting asked the various Chapters to devote a meeting to consideration of the Act, also that the General Nursing Section attempt to secure the opinion of private duty nurses on this Act.

National Joint Committees on Enrolment

A meeting of the National Committee on Enrolment of Nurses for War and Emergency Service was held recently in Toronto. The newly appointed representatives of the Canadian Nurses Association were present. These members are Miss F. H. M. Emory, Miss Marion Lindeburgh, and Miss F. Isabel McEwen. The Canadian Red Cross Society representatives are Mrs. H. P. Plumptre, Miss Jean Browne, and Dr. J. T. Phair. Miss Emory was appointed chairman and Miss Browne secretary for the ensuing two years.

The advisability of enlarging the scope of Provincial Joint Committees to include the enrolment of another class of nurses had been referred to the Committee by the Canadian Nurses Association. It was decided that the matter of enrolling names of those not already eligible should be referred to the C.N.A. as to the eligibility of the people to be enrolled, and also that the

C.N.A. definitely state the particular service for which they would be eligible, i.e., war, war and disaster, disaster, home defence.

Discussion of the question of retaining on the active enrolled list the names of Canadian nurses who have been resident in some other country for over one year resulted in the decision that if those nurses retain their British nationality, and keep up their standing with their Provincial Association, they should remain on the actively enrolled list.

As both the Canadian Nurses Association and the Canadian Red Cross Society have affirmed their desire to continue the National Joint Committee on Enrolment, the following resolution was adopted:

1. That the National Joint Enrolment Committee continue its original function of acting as a liaison between the Canadian Nurses Association and the national military authorities.
2. That the enrolment of nurses for war and disaster be continued in the same way as we have been proceeding since the formation of the Committee.
3. That the Committee should be on the alert for any deviation from the policy accepted by the military authorities in the appointment of nursing personnel for military duty in any of the services.
4. If the Canadian Nurses Association decide that they wish to have nurses not now eligible, on account of non-membership in their Provincial Association, added to the roll for service in Canada, it will be the duty of the Committee to initiate a new category.
5. That the Committee deal with any matter, during the war period and subsequently, of mutual concern to the Canadian Nurses Association and the Canadian Red Cross Society.

A tribute of praise and appreciation was paid Mrs. Plumptre for the splendid way in which she had chaired this Committee from its early formation in 1926 right up to the present time.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Ontario:

A. A., Hamilton General Hospital, Hamilton	$5.00
District 6, Registered Nurses Association of Ontario	10.00
District 9, Registered Nurses Association of Ontario	10.00
Graduate Nurse Staff, Port Arthur General Hospital, Port Arthur	10.00
Graduate Nurse Staff, Toronto General Hospital, Toronto	50.00

Loans and Bursaries

At the General Meeting in 1940 of the Canadian Nurses Association, the Scholarship Award Committee was incorporated into the Florence Nightingale Memorial Committee. The functions of the latter Committee now are the collecting of funds until our pledge to the Endowment Fund (F. N. I. F.) has been met, and the allocating of loans and bursaries.

As Canada is one of the few member countries of the International Council of Nurses in which at present it is possible to keep alive an interest in the Florence Nightingale International Foundation, collection of funds will be continued until the pledge made in 1938 is fulfilled; that is, to contribute to the Endowment Fund $1250. annually up to and including the year 1942. For the duration of the war, all monies collected above the amount required to complete the C. N. A. pledge to the Endowment Fund are to be applied to loans and bursaries to be used in Canada. Additional funds for the

same purpose are to be derived from reserve capital and earnings from investments.

The Committee has not yet had time to formulate detailed plans in regard to loans and bursaries; however, the Committee members, realizing there may be several nurses who are planning to pursue post-graduate study or experience early in 1941, announce the following tentative plan: (1) That loans only will be offered for post-graduate study and experience in Canada until the end of August 1941; plans covering bursaries will be announced later on. (2) The maximum amount of a loan shall be five hundred dollars. (3) Repayment of the loan shall commence during the first six months (preferably, the first three months) in the year immediately following the receipt of the loan. (4) Security on the loan is to be posted by a bond, or by one or two guarantors. (5) If the recipient leaves the nursing profession for marriage, or any other reason, before repayment has been completed, the full balance owing shall be repaid immediately.

Requests for loan application forms should be sent to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, P. Q.

O.N.S.A. News-letter

From Victoria, British Columbia, to Halifax, Nova Scotia, the seventeen member units of the Overseas Nursing Sisters Association report increased activities within their respective groups, war service being the key-note. While full details did not reach us in time for incorporation in this our first "news-letter", we are exceedingly happy to list the following friendly acts which speak for themselves and indicate that the old spirit of 1914-18 still lives. Financial contributions were made to the Lord Mayor's Fund, (London, England); the Canadian Legion campaign; the Canadian Red Cross campaign; for the Nurses in Finland; and for Home Defence. Other good deeds cover Christmas cheer and comforts for patients in military hospitals at home; Christmas cheer to our younger Sisters now on duty overseas; books, magazines, ping-pong tables, etc., for the use of the men preparing to leave for active service; and Red Cross work of all kinds, not forgetting our knitting.

We are happy to announce that our good friend, Miss Margaret MacDonald, has accepted the chairmanship of a committee of her own choosing whose purpose will be to record our wartime service, such contribution to be forwarded to the history of nursing committee of the Canadian Nurses Association for use when the findings of that committee are published.

I give you now a message from Miss May Tilton of Australia:

"Hello, Canada, Australia greets you." It was with these words that I greeted my first Canadian patient in the Great War when we were both giving our services overseas twenty-five years ago. Today a younger generation of both our countries will probably meet in the same way, fighting the same enemy for the same cause. What happy memories we retain of our Canadian friends for I was one of many, thrust upon the mercy of a fully staffed Canadian Casualty Clearing Station. How inconvenient it might have been we were not to know, for we received the warmest of welcomes — a touch of home in a hostile

world, which we left with a pang of regret when recalled to our own unit. Over six hundred of our number have married since these years and many now have sons and daughters in the King's uniform. Hundreds are engaged in child welfare and mothercraft and social service work; many have entered the teaching profession; commerce has attracted some; and others are engaged in agricultural and dairying pursuits. Those who remained in the army are working on the home front today, and all are doing their bit.

Recently we appealed for books and received 16,000, over 5,000 of which have already been sent overseas with our troops. We repair books, pack them and distribute them to many camps and have established an Army Nurses Comforts Fund which has attracted public attention and appreciation. We gave a farewell party recently to a group of Sisters about to leave for overseas. It seemed strange to see them in our mess uniforms, we felt we should be going too. After the party, one of our member remarked to a soldier in the lift of our building: "You are lucky to have such a young and pretty lot of nurses going overseas with you", but before he replied, up jumped the lift man (an old soldier) who exclaimed: "They are no younger or prettier than the Sisters who went with us". That soft spot for their own nurses still remains with our old soldiers, bless their hearts!

Sister Tilton and I have corresponded with each other since I discovered her wonderful book, "The Grey Battalion", which by the way, if any of you have not read, I would recommend that you do so.

We sincerely regret that two of our members have already been called upon to give a son for King and country, while several others are bearing sorrow in other ways. Personal grief and sorrow do not constitute a new experience for our members, we all understand what these things mean.

All Units were represented at their local Armistice Day ceremonies, and our group as a whole was represented in Ottawa by Miss Blanche Anderson, third vice-president of the Overseas Nursing Sisters Association of Canada, who placed our poppy wreath of remembrance.

E. Frances Upton,
Secretary-Treasurer, O. N. S. A.

Obituaries

Ruby C. Dore died on October 1, 1940, at the Fisher Memorial Hospital, Woodstock, N.B. Miss Dore was a graduate of the School of Nursing of the Saint John General Hospital, and a member of the Class of 1923.

Isobel A. Powell, one of the first trained nurses to practise her profession in New Brunswick, died recently in the Moncton General Hosptal. Mrs. Powell was a graduate of the School of Nursing of the Massachusetts General Hospital and of the Boston Lying-in Hospital. For the past twenty-five years she had lived in Dover and during those years her name became a household word for her loving care and attention to the sick among the people in the Dover and Memramcook districts, and she was loved for her self-denial and service to the people of the communities.

STUDENT NURSES PAGE

A Public Health Nurse is Born

GENEVIEVE MATHESON

Student Nurse

School of Nursing, The General Hospital, Port Arthur

Before we came in training we weren't even very sure what being a nurse meant, except that she cared for sick people in a hospital, and sometimes looked after them at home, and always looked very smart and charming—at least in the movies. Some of us had known the school nurse who came to the school periodically and made us say "aw", and other things, and then wrote all about us on her cards. But our ideas were pretty vague. Then after a few week's training, including some experience on the wards, we thought we had learned what nurses did. That was before we had the opportunity of spending a day with the public health nurses. After that, our understanding of what nursing may involve was much broader than it had been.

Arrangements were made for all our class to go, two each day, with the public health nurses of Port Arthur and Fort William. The day following her experience each student shared her observations and impressions with the other members of the class. Through schools, homes, and clinics we accompanied them and were all surprised to learn how much the nurse is able to do for school children. The daily inspection is a great incentive to little boys to wash their ears, because they soon learn that "the nurse" has a remedy for dirty ears. Pediculosis is less common now, but two of us did see one case and were quite amused at the proud manner in which the little seven-year-old started home with her card of directions for mother. The nurse in the school is able to detect early symptoms of communicable diseases and this helps a good deal in preventing epidemics. She also assists the doctor with immunization programs. The children are given talks on health, and suitable literature to read and take home. They are assisted in practising health as well. Those who need it are given milk while at school and their physical disabilities are not only observed, but through the nurse arrangements are made for correcting them. We saw how the nurse entered the homes and explained to the mothers the importance of good health habits in the prevention of disease. Because of her visits, many cases of illness are seen by the doctor at an earlier stage, when he can treat them most effectively. Sometimes, when parents are ignorant, the nurse needs great stores of patience and a real vision of the true worth of her work.

On entering one home the whole interior was laid bare to us at once. The furniture consisted of an uncovered wooden table, three rickety chairs, one rag-strewn bed, and the inevitable crib. The grimy-faced children peeked at us as they clutched their mother's skirt. Evidence of the morning meal lay scattered on the table—a can of jam and a loaf of bread. The incongruous note in this desolation was a brand new radio, precariously perched on a rickety box, blaring forth a soap advertisement. The task here was to persuade careless parents to have their children's teeth attended to. The nurse said it wasn't her first call for that purpose but it took time to convince them how important it really was. Many families are aided through the efforts of organizations, such as the Kiwanis Club, and the public health nurse is a great help to them in deciding how their money may be wisely spent. In one day we saw arrangements made for one child to obtain glasses, another to have a tonsillectomy performed, and two more to receive the dental care they needed.

Then there was the visit in Jimmy's home. Jimmy was a lively little boy of three, suffering from diabetes. His mother was having great difficulty in managing him. He fought against his insulin, and sulked and wouldn't eat. The nurse talked with the mother, advising her how she might try to overcome these personality difficulties, and suggesting substitutions to make his diet more attractive. Jimmy's mother seemed very grateful for this opportunity to talk to someone who could offer useful suggestions.

Another phase of public health most interesting to us was the work of the public health nurse connected with the Sanatorium at Fort William. Her chief work is with patients discharged from the Sanatorium and with contacts. We accompanied her to the home of a little girl suffering from tuberculosis of the spine. The child's condition was discovered by the doctor while the children were being given the tuberculin test at school. Previously, this child had been receiving chiropractic treatments, and it was the task of the nurse to explain to the parents the care which Molly should really be having. Although the mother spoke no English, she was most cooperative and promised to follow the instructions which her daughter translated to her. Some weeks later, Molly was admitted to our hospital. Of course we were specially interested in her because of our previous acquaintance. We also saw arrangements being made for the homecoming of a child who had spent several months in the Sanatorium. Her home was very poor, and it was taken for granted that she would sleep in a bed already shared by three children and the mother. The public health nurse took the situation in hand and another bed was procured.

The Clinic was something new to us also. Two we were fortunate to visit were the tuberculosis clinic and the venereal clinic. Here the nurse assists the doctor and does a great deal to keep the patients coming regularly for treatment. We learned, too, how people who are not in good health may be enabled, through the clinic, to carry on in their homes and thus not require hospital care.

After we had all had our day's experience, we were asked to make a list of the ways in which this opportunity had seemed most valuable to us, and this was our answer: we learned of the great number of nationalities in these two cities of Port Arthur and Fort William, and of the problems this involves. It was brought home to us how unthinkingly we accept our own environ-

ment, forgetting the underprivileged. Some of these people are poverty-stricken because they are shiftless, others through no fault of their own. After seeing some of these homes, it is easier to understand why people in adverse circumstances neglect their health. Many of the diseases amongst children are caused from improper food, unsuitable clothing, lack of cleanliness, and insufficient rest. Realizing the environment from which some of our patients come, makes us able to understand their fear of the hospital and the importance of calming these fears and making them feel at home. The nurse in the hospital can help a great deal by her example and teaching. She also knows what sort of home the patient is going to on discharge, and can more adequately advise in regard to his further care. Perhaps the greatest impression we gained was of the importance of the prevention of disease, and how much the nurse can accomplish in this way for the betterment of mankind.

Our time with the public health nurses will always be a memorable experience. We enjoyed every minute of it, and then and there several new public health nurses were born! Good health, patience, enthusiasm, and understanding of others, seemed to us some of the qualities which a nurse must possess if she desires to fit herself for work such as this.

Miss Mona Wilson Goes to Newfoundland

Miss Mona Wilson, director of public health nursing in Prince Edward Island, has recently been appointed by the Canadian Red Cross Society as its representative in Newfoundland. The public health department has granted her indefinite leave of absence, and she has already assumed her new duties. Miss Wilson came to Prince Edward Island in 1922 as chief nurse under the Red Cross Society and, with a limited staff, did pioneer work in the field of public health nursing. The work accomplished during these first years clearly demonstrated that the Province must augment the splendid effort begun by the Red Cross Society, and in 1931, the department of public health came into being. The staff of Red Cross nurses formed the nursing division in the newly-created department with Miss Wilson as supervisor, and the ever-increasing demands on this division proved the value of its work.

Miss Wilson received her professional training in the Johns Hopkins Hospital School of Nursing and, following her return from active service in the Balkans with the American Red Cross Society, took a post-graduate course in public health nursing in the University of Toronto School of Nursing. In 1932, the Rockefeller Foundation awarded Miss Wilson a scholarship which enabled her to make a study of public health activities in Massachusetts and New York. Her excellent work in the field of public health nursing was fittingly recognized in 1935, when she was appointed a Member of the Order of the British Empire. Miss Wilson has always taken an active interest in all matters pertaining to nursing, and has served as president of the Prince Edward Island Registered Nurses Association, and as chairman of the public health section. Her clear vision and sane outlook have made her a valuable member of her profession. At this time, when Britain needs the very best that her people can give, Prince Edward Island gives Miss Wilson, knowing that her sound judgment and organizing ability will bring comfort and cheer to the Canadian Forces stationed in Newfoundland, and that she will be a worthy representative of the Canadian Red Cross Society.

— *Ina G. Gillan*

Victorian Order of Nurses for Canada

The Victorian Order of Nurses for Canada takes pleasure in announcing the appointment of *Miss Christine Livingston* to the National Office staff. Miss Livingston was on the staff of our Montreal Branch and recently relieved for six months as nurse-in-charge of our Moncton Branch. She is a graduate of the School of Nursing of the Hamilton General Hospital and, having received a scholarship from her hospital, took the course in public health nursing at the School of Nursing, University of Toronto. She has had a broad experience in nursing, having been employed with the Department of Public Welfare, Hamilton; the Social Service Division of the Out-Patient Department of the Hamilton General Hospital, and the Department of Public Health, Hamilton.

Miss Elsie Cropper, a graduate of the school of nursing of the Victoria Hospital, London, and of the public health nursing course at the University of Western Ontario, has been appointed to the Border Cities staff.

Miss Dorothy Lemery, a graduate of the school of nursing of the Moose Jaw General Hospital and the public health nursing course at the school of nursing, University of Toronto, has been appointed to the staff of the Saskatoon Branch.

Miss Georgina Carr, who has been on leave of absence, has returned to the Peninsula Branch.

Miss Georgina Byers has been transferred from the Halifax Branch to take charge of the branch at Sackville.

Miss Helen Waring has been transferred from the Peninsula Branch to take charge of the branch at North Bay.

Miss Elizabeth MacLean has been transferred from the Ottawa Branch to take charge of the branch at Kentville.

Miss Dorothy Fowler has been transferred from the Kentville Branch to take charge of the branch at Sydney.

Miss Helena Costello has resigned from the Montreal Branch and from the Victorian Order of Nurses.

Miss Marion Kidney has resigned as nurse-in-charge of the Carleton Place Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

Miss Catherine Lawlor resigned from East York Branch to join the Royal Canadian Army Medical Corps and is attached to Toronto Military Hospital.

Miss Opal Shaw resigned from the Liverpool Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

METROPOLITAN NURSES REGIONAL CONFERENCE

The annual Regional Conference for Metropolitan Nurses throughout Canada was held recently at the Mount Royal Hotel, Montreal. On the day previous to this conference a meeting was held for Metropolitan supervisors and head nurses. This was presided over by Miss Alice Ahern, assistant superintendent of nursing, and conducted by Miss Margaret Reid, educational director of the Metropolitan Life Insurance Company, New York. The program for the first day of the conference consisted of a study of "quality of service" — of what might be done to get the public to use available medical and health resources. On the second day the "technique of the interview" was discussed. Papers on the subjects under discussion were given by three of the English and three of the French nurses, and proved to be both interesting and stimulating.

On the first evening a buffet supper was given by the Metropolitan Nurses Association of Montreal, and presided over by Miss Alice Gallant. Representatives of various

nursing organizations throughout Montreal were invited, and among those present was Miss Margaret Moag, District Superintendent of the Victorian Order of Nurses. A twenty-year Medal and Veteran's Pin was presented to Mrs. Elisabeth Masse, Montreal, and to Miss Jeannette Bolduc. The Misses Marie B. Morin of Hull, and Albertine Roberge and Antoinette Valiquette of Montreal, were recipients of fifteen-year Medals. All were presented with roses by their companions. As Mrs. Elisabeth Masse is a veteran of the last war, some of her sister veterans were invited in her honour. The "pièce de résistance" was Miss Ahern's showing of some beautiful kodachrome pictures of Niagara Falls and the Rockies, and incidentally a few taken of many outstanding nurses during the biennial meeting of the Canadian Nurses Association at the garden party on the grounds of the Central Alberta Sanatorium in Calgary.

— *Marie E. Cantin*

IN SPITE OF AIR RAIDS

In spite of air raids, the British nurses carry on with unshaken courage and devotion. The *Journal* is indebted to Miss Frances Goodall, secretary of the Royal College of Nursing, for permission to publish these brief notes which show that even under fire the College remains at the post of duty:

The buildings of the Royal College of Nursing have been more fortunate than others of their size in Oxford Street area and, though compulsorily evacuated for a short period, were in use again in time for the recent Council meeting (conducted during a daylight raid). The sight of so many homeless women and children already taking up their positions for the night in tubes and other underground shelters must have lent point to the Public Health Section's report on the work it had been doing in this connection. A Council member, accompanied by the secretary of the Section, has spent much time visiting London's rest and feeding centres, shelters and underground railways. Through their joint efforts a nurse has already been installed in one of the largest centres in Kentish Town and, from the data collected, the Section forwarded a memorandum of observations and recommendations for Mr. Willink, the London Commissioner, with copies to the Minister of Health and his Parliamentary Secretary.

It is urgent that steps be taken to avoid the risk of epidemics spreading through the shelters before winter intensifies the problem. There are the regular frequenters, but a proportion of the "rest shelter" population is merely seeking temporary accommodation. Some are waiting until time bombs have been dealt with in the vicinity of their homes; others hope to be evacuated to the country or to other parts of London. But there will always be a residue who cannot or will not leave the bombed areas and their presence under present conditions constitutes a potential danger to public health. The Royal College of Nursing is urging the establishment of a twenty-four hour service of trained nurses in all refugee centres. These nurses would be a godsend, for instance, to the London Passenger Transport Board whose officials, naturally, cannot undertake the welfare work entailed by the use of tube stations as shelters.

Endless public health problems have arisen in connection with the present air raids and, as the raids are likely to continue, the College Council urges the appointment of a public health nurse of standing and experience at the Ministry of Health, to correlate the resultant services as they arise. Such an official entrusted by the Government with this work would prove her worth at once.

THE SERVICE OF REMEMBRANCE

On November 11, the usual Service of Remembrance was held at the Nurses Memorial in the Hall of Fame in the Parliament Buildings at Ottawa. This year, the Remembrance Day Ceremony took place at the National War Memorial, and the service at the Nurses Memorial immediately followed it.

Prayers were offered, and the Benediction given by the Rev. Northcote Burke, of St. John's Anglican Church. Baskets of flowers and wreaths of poppies were placed before the Memorial on behalf of the Canadian Nurses Association; the Overseas Nursing Sisters Association; District 8, Registered Nurses Association of Ontario; the Ottawa Unit, O. N. S. A.; the Alumnae Associations of St. Luke's Hospital, the Lady Stanley Institute, the Ottawa General Hospital, and Miss Flora Scrim.

Representatives were present from the various Alumnae Associations in Ottawa, and from the staffs of the hospitals. The Overseas Nursing Sisters Association was largely represented and many Nursing Sisters from the Ottawa Military Hospital were also in attendance.

A TIMELY REFRESHER COURSE

ELIZABETH EDWARDS

The refresher course recently held at the School of Nursing, University of Toronto, filled a pressing need at this time of national crisis. During the past year a great many nurses, both those who are practising their profession and those who are married and retired from active nursing, have been called on to organize and to teach Home Nursing in their communities. So many inquiries were received in regard to the most efficient method of giving this teaching, that the Ontario Division of the Canadian Red Cross Society asked the University School of Nursing to arrange a refresher course to meet the need. The number of registrations received from all parts of the Province was so large that two four-day courses were arranged, one from October 16 to 19 and the second the following week. The registration was unique in that about two-thirds of those enrolled were entered through the Ontario Division and the Toronto Branch of the Canadian Red Cross Society. Practically all these graduate nurses are married, and are teaching home nursing groups in their several communities. The rest of the enrolment was comprised of those doing public health nursing or hospital work in Toronto and the Province. Those taking the Course came from as widely separated centres as Windsor, Owen Sound, Aurora, Orillia, Callander, Sudbury, Brockville, Arnprior, and Ottawa.

The course consisted of lectures, demonstration classes, and discussions. Lectures on the psychology of learning by Dr. Myers, of the Psychology Department of the University of Toronto, were particularly interesting and of a very practical nature; those on the principles of teaching by Miss Russell, Director of the School of Nursing, were also helpful, dealing with the actual steps taken in preparing to teach a series of classes. Other lectures were given on recent medical research and emergency nursing, by Dr. Boyd and Dr. Couch respectively, both from the medical staff of the University of Toronto. Dr. Boyd spoke of the latest findings in connection with virus diseases. He dwelt also upon deficiency diseases, such as alcoholic neuritis and chronic diseases of the nervous system, both found to be due to a vitamin deficiency.

Dr. Couch in his lectures on emergency nursing pointed out that air raids in Canada are by no means an impossibility and the nurses of the Province must be prepared to meet emergencies if they arise. He stressed the fact that one of the greatest contributions the nurse can make to her country in this war of nerves, is a leavening influence in keeping up the spirits of those around her. Panic can have no place in the attitude or action of those in the nursing and medical professions.

In the first of the two courses the demonstration classes were taught to a small group of lay people by Miss Helen Dunn, who is in charge of the Nursing Division of the State Department of Health of Maine. Miss Dunn has had an active part in the teaching of home nursing under the American Red Cross for many years; six demonstrations and discussions which followed them were valuable in solving many of the difficulties encountered in organizing and teaching this subject to lay groups. During the second course, the demonstration classes were given to a new group of lay pupils. This time the teaching was done by members of the staff of the University School with the help of Miss McKay of the Toronto Hydro Electric Commission.

Afternoon tea was provided for the nurses at the Red Cross Headquarters on the first afternoon. This not only served the purpose of bringing the students together for an informal interchange of experience in their various communities, but also gave an opportunity to find out at first hand about the work of the Ontario Division of the Canadian Red Cross Society.

The four days were felt by all to be time well spent; the lectures, demonstrations, and discussions periods suggested practical solutions to many of the war-time problems being faced by nurses throughout the Province. They also demonstrated the part which this activity should play in the conservation of national health. More efficient service to over a hundred communities will be the result of these refresher courses on the teaching of home nursing.

BOOK REVIEWS

NURSES HANDBOOK OF OBSTETRICS, by Louise Zabriskie, R. N., Director Maternity Consultation Service, New York City. Sixth edition, revised. 740 pages, including index. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Bldg., Montreal. Price, $3.00.

This textbook maintains at all points the high standards of its predecessors. Page-by-page comparison with the fifth edition reveals little change, but if the additions and revisions are few, they are interesting and significant. In her preface to the sixth edition, Miss Zabriskie notes "the development of a nation-wide interest in maternity welfare, and an unprecedented emphasis on prenatal care". These trends have become marked in the ten-year interval since publication of the 1st edition of her text, and provide the motivation for a changed emphasis in later editions.

Miss Zabriskie's strength lies in her consistent refusal to yield to the temptation of overemphasis on the complications of pregnancy, labour, and the puerperium. She has chosen rather to stress the normal aspects of these phases and the nurse's part in their successful management. This edition, like its predecessors, is truly a *nurses' handbook*.

The unit plan of presentation, recommended in the curriculum of the National League of Nursing Education, has been retained in this edition. A "self-evaluation test" has been added to the end of each unit. Further experience in the use of these tests would be required before unqualified approval of this particular method could be expressed. One of the attractive

WANTED

Assistant Superintendent of Nurses
Assistant Instructor of Nurses
Supervisor for Private Pavilion
Laboratory Technician
Assistant Housekeeper

Applications will be addressed to Secretary, Kingston General Hospital, Kingston, Ont., and the first application should give full information concerning qualifications, salary expected, etc.

features of all of Miss Zabriskie's work in obstetrics is her generous and discriminating use of good illustrations, both photographs and diagrams. There are even more of these valuable aids to teaching in this edition than in former ones.

A section on the toxaemias of pregnancy, written by Dr. Myers Rosensohn of the Lying-In Hospital of the City of New York, outlines recent research in this important field, and includes a new classification of these disorders.

The chapter on newer developments contains authoritative information on recent advances in the knowledge of chemotherapy vitamins and other subjects intimately associated with the field of obstetrics. Comprising a separate section, the value of this revised chapter for reference purposes would appear to be admirable. Few obstetrical nursing texts give much definite concrete help to the nurse in the important fields of mental hygiene, nutrition and the aftercare of mother and baby in the home. Miss Zabriskie's wide experience enables her to make her chapters on these subjects vivid and intensely practical.

The author of this text is not content to leave with the student a narrowly circumscribed goal of perfection in obstetrical nursing techniques, important as this undoubtedly is. Her chapter on the maternity situation challenges the student to an interest and participation in the broad problems of maternal welfare. Used alone, or in conjunction with other obstetrical texts, the Handbook cannot fail to add materially to the nurse's equipment as she studies the subject of obstetrics in general, and in particular seeks to discover her own vital relationship to the welfare of mother and baby.

DOROTHY M. PERCY,
Senior Clinical Instructor,
School of Nursing,
University of Toronto.

A TEXTBOOK OF PSYCHIATRY, by Arthur P. Noyes, M. D., Superintendent, Norristown State Hospital, Pennsylvania; and Edith M. Haydon, A.B., R.N., Superintendent of Nurses, St. Elizabeth's Hospital, Washington, D.C. Third edition, revised. 306 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price $2.75.

This book constitutes the joint effort of a psychiatrist and a psychiatric nurse to provide a helpful presentation of the principles and techniques of mental nursing. By way of introduction, there is an admirably lucid discussion on the mind, its development, and purpose; the motivating causes of behavio ur; conscious and unconscious mental processes; mental mechanisms and motives. While over-simplification is avoided, the context of these chapters is so clear and so well expressed that the student cannot fail to be interested at the outset. Considerable attention is given to the various forms of shock treatment, and the nurse's share in safeguarding the patient is carefully outlined. Some practical suggestions are given concerning the nursing care of patients suffering from epilepsy and alcoholism. The various neuroses are described briefly and there is an excellent chapter on psychoanalysis.

NEWS NOTES

ALBERTA

CALGARY:

The following officers have recently been elected to serve during the coming year by Calgary District No. 3, Alberta Association of Registered Nurses: Chairman, Miss K. Connor, Central Alberta Sanatorium; vice-chairman, Miss C. Feisel, Holy Cross Hospital; secretary, Miss M. Richards, Holy Cross Hospital; treasurer, Miss M. Watt, City Health Department; conveners of sections: hospital and school of nursing, Miss J. Connal, General Hospital; public health, Miss A. V. Dick, City Health Department; general nursing, Miss D. Cannon, General Hospital.

EDMONTON:

University of Alberta Hospital:

The Alumnae Association of the University of Alberta Hospital held its first meeting of the season with the new officers in charge. The following officers have been elected to serve during the coming year: President, Mrs. D. Payment; vice-president, Miss S. Greene; recording secretary, Mrs. A. Ward; corresponding secretary, Mrs. S. Graham; treasurer, Miss D. Wright; executive committee: Mrs. W. Slean, Miss K. Chapman, Miss B. Fane, Miss D. Haycock. A very interesting talk by Miss R. Kieller on modern trends in nursing closed the meeting.

LETHBRIDGE:

A meeting of District 8, Alberta Association of Registered Nurses, was held at St. Michael's Hospital with a very large number in attendance. After the business meeting a most pleasurable hour was spent viewing the sights of beautiful Waterton from lantern slides shown by Dr. D. B. Fowler. A vote of thanks was tendered by the president, Mrs. R. Niven. The Sisters of St. Michael's then served a delightful lunch.

The staff of St. Michael's Hospital, Lethbridge, presented Miss Merva Haggen with a floor lamp upon the occasion of her marriage.

Married: Recently, Miss Merva Haggen to Mr. R. McGuire.

BRITISH COLUMBIA

VANCOUVER:

The Registered Nurses Association of British Columbia held a general meeting on October 18 in the Hotel Georgia, Vancouver, with Miss Margaret Duffield, president, in the chair. At the afternoon session Miss Helen Randal, R.N., Registrar and Inspector of Training Schools, spoke on unemployment insurance.

Miss L. Holland, Chief Inspector of Welfare Institutions, gave her report, as convener of the Committee on Districts and Chapters, which showed the work of the committee completed, and the appointment of Miss Kathleen Sanderson, Vancouver, as advisory organizer. Miss G. M. Fairley, director of nursing, Vancouver General Hospital, spoke on V.A.D. training in Canada. At the evening session, we were fortunate to have as guest speaker Dr. W. L. Gliddon of Ottawa, A.R.P. chief for Canada, who outlined the work of the A.R.P. in Canada. Major S. F. M. Moodie of Vancouver, Provincial Civilian Protection Officer, spoke on the organization of A.R.P. in British Columbia. Mr. Robert T. McDonald of the Department of Extension and Study Groups, University of British Columbia, gave an interesting and stimulating talk on organizing and conducting discussion groups. Mr. McDonald also acted as chairman of a brief open forum.

Miss Margaret E. Kerr, M.A., R.N., Department of Public Health, University of British Columbia, reported on the organization of study groups for nurses in Vancouver, the organization of some groups being almost completed. This is the result of the work done by the core committee, appointed at the refresher course, on supervision in nursing, held in Vancouver and Victoria, during the past Summer, and directed by Miss Marion Lindeburgh, M.A., R.N., School for Graduate Nurses, McGill University.

Miss Mary Henderson, B.A.Sc., graduate of the University of British Columbia, has returned from post-graduate work at the University of Toronto. Miss Henderson is now supervisor of Metropolitan Health Unit No. 3, Vancouver. Miss Isobel Chodat, B.A.Sc., graduate of the University of British Columbia, and a member of the staff of the Metropolitan Health Committee, Vancouver, has received a scholarship for post-graduate work at Columbia University.

The Vancouver Graduate Nurses Association recently held a successful bridge, the proceeds being for war efforts.

NELSON:

At the recent annual meeting of the Nelson Registered Nurses Association, the president, Miss Helen Tompkins, gave a very interesting report. The pledge of $10. to the Florence Nightingale Memorial Fund was fulfilled. Miss Tompkins attended, as a delegate, the annual meeting of the British Columbia Registered Nurses Association. Considerable interest has been shown by the members of the Association in Red Cross work.

By means of a sale of novelties the Association was able to donate $50. to the Nelson & District Bomber Fund and $15. to the Red Cross.

Miss Vera Eidt and Miss Ethel Smith, members of the Association, attended the meeting of the Canadian Nurses Association. Miss Eidt acted as the provincial delegate.

Miss M. Patterson and Miss Nancy Dunn, members of the Association, attended the refresher course on supervision in nursing held in Vancouver, directed by Miss Marion Lindeburgh, M.A., R.N., School for Graduate Nurses, McGill University.

The financial report for the year 1939-40 showed receipts amounting to $294.50 as compared with $86.98 for the year 1934-35. We wish to congratulate the Nelson Registered Nurses Association on what they have accomplished during the last year and wish them continued success.

Married: Recently, Miss Alvira Bruhn (Metropolitan Health Committee, Vancouver) to Mr. Maxwell Patterson.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

The following appointments have been made to the staff of the Winnipeg General Hospital: Miss K. Brandon, Miss June Smith, Miss Beryl Seaman, Miss Olive McAuley, and Miss Helena Reimer.

Miss Margaret Hart (W.G.H., 1928) has recently obtained the degree of Bachelor of Science in Nursing at Columbia University and has accepted a position as educational director of the Manitoba Department of Health and Public Welfare.

Miss Margaret Warren and Miss Marion Hinde have recently entered upon a post-graduate course in the Manhattan Eye, Ear, Nose, and Throat Hospital, New York.

Married: Recently, Miss Verna Hillier (W.G.H., 1938) to Mr. John James Labelle.

Married: Recently, Miss Helen Miller (W.G.H., 1935) to Mr. John Linford.

Married: Recently, Miss Violet Virgin (W.G.H., 1936) to Mr. Lawrence Ball.

Married: Recently, Miss Ruby Brown to Mr. Lloyd Grenville Playfair.

Married: Recently, Miss Florence Diss to Mr. Wm. Higgins.

Married: Recently, Miss Rosalind Watson to Mr. Edward Brooke.

Married: Recently, Miss Beatrice Irene Casemore to Mr. Guy Arnott.

Married: Recently, Miss Eileen Nicholson to Mr. Robert Ross.

NEW BRUNSWICK

MONCTON:

The annual meeting of the Moncton Chapter, N.B.A.R.N., was held recently in the Moncton Hospital. An interesting report of the year's activities was read. Among the speakers heard during the year were Dr. Ewart, on orthopedic surgery; Dr. Baxter on A.R.P. work; Miss Trerice, R. N., on public health nursing in Newfoundland; and Miss J. Ralston on war work in the Y.W.C.A. It was also recorded that F. R. Sayer of the C. N. R., showed interesting motion pictures of Canadian scenery.

In addition to the practical work in co-operation with the Red Cross Society, the nurses have knitted 105 pairs of socks, 32 scarves, 23 sweaters, and 25 helmets. Several cartons of cigarettes were sent to the boys of the 8th Battery in England. There was also a donation of clothing for war refugees.

The following officers have been elected for the coming year: President, Miss Ethel Hillyard; vice-president, Miss Helen Howard; secretary, Miss Helen Arsenault.

Married: Recently, Miss Myrtle Tingley (M.H.T.S., 1935) to Mr. Herbert Robinson.

Married: Recently, Miss Elizabeth MacDiarmid (M.H.T.S., 1938) to Mr. John Johnson.

Married: Recently, Miss Anne Fawcett (M.H.T.S., 1934) to Mr. Lionel Foster.

SAINT JOHN:

The Saint John Chapter, N.B.A.R.N., at

its first meeting of the fall season considered the desirability of making a special effort to raise funds for war purposes. Miss Florence Coleman, the president, was in the chair, and Miss Margaret McGowan was elected treasurer succeeding Miss Miriam Fillmore whose resignation was regretfully accepted. Miss Fillmore is now on military duty.

Miss Alice Carney reported that many articles made by the members in the summer months had been given to the Red Cross Society. Miss Ella McCaffigan, delegate to the Women's Council, gave a report of the last meeting of that body. Miss Regina R. Reid, the secretary of the Chapter, was the delegate to the annual meeting of the N.B.A.R.N. held recently in Moncton. She brought back an interesting report, telling of the delightful time the delegates enjoyed, and the helpfulness of the program.

Miss Sally Turnbull, assistant instructress at Saint John General Hospital training school, has been called to active service. Other members of this district called to military duty are the Misses Elizabeth Burnham, Mary Squibb, Alice Stephens, Ella Meating, Gladys Crowley.

Married: Recently, Miss Bertha Colpitts (S.J.G.H., 1937) to Mr. William B. Cowan.

Married: Recently, Miss Evelyn Henderson (S.J.G.H., 1939) to Dr. Eric Howell.

Married: Recently, Miss Gladys Scovil (S.J.G.H., 1929) to Mr. Harry Douglas Booth.

Married: Recently, Miss Phyllis L. Lisson (S.J.G.H., 1938) to Mr. Kenneth L. Doherty.

Married: Recently, Miss Frances Munro (S.J.G.H., 1937) to Mr. Frederick D. Stirling.

Married: Recently, Miss Mary B. Davies (S.J.G.H., 1938) to Mr. William Warwick.

Married: Recently, Miss Ada B. Thompson (S.J.G.H., 1940) to Lieut. John S. Boyer.

Married: Recently, Miss Muriel Howard (S.J.G.H., 1928) to Mr. Charles A. Cromwell.

Married: Recently, Miss Dorothy Allaby (S.J.G.H., 1934) to Mr. Avery Boone.

Married: Recently, Miss Edna Jackson (S.J.G.H., 1940) to Mr. Robert Kent.

Married: Recently, Miss Alice Shaw (S.J.G.H., 1934) to Dr. Daniel J. Tonning.

ST. STEPHEN:

The regular meeting of the local chapter, N.B.A.R.N., was held recently at the Chipman Memorial Hospital, with Miss Aldana Leland presiding. Acknowledgement of the

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receipt of $455. towards equipment for the Canadian Hospital in England was sent by Miss Catherine MacLean. This gift was collected by the nurses, and a list of the contributors' names was read by Miss Cunningham. Miss Nellie Spinney gave a concise report of the annual meeting which she attended as a delegate from the Chapter.

The course of the St. John Ambulance Association in first aid has been organized by registered nurses here, and is being conducted by Dr. Herbert Everett.

Miss Myrtle Dunbar has been appointed public health nurse for St. Stephen and Milltown, succeeding Miss Jessie Murray.

NOVA SCOTIA

HALIFAX:

The Halifax Branch of the R.N.A.N.S., by way of preparation for an emergency, has arranged a refresher course for instructors of home nursing. This course will be valuable to all registered nurses, especially to those who have not been in active practice for sometime. By means of such a course, the Association will be able to supply qualified instructors for home nursing groups, and thus to train the many women who wish to take up this work. Since the outbreak of war, many classes in home nursing have been formed, and there is much enthusiasm in connection with this training. Colonel E. W. Mingo, of the St. John Ambulance Corps, says that there is a great demand for nurses who are qualified to teach this course. The refresher course has already commenced and the first lecture in the five-weeks series was held recently at the Dalhousie Public Health Clinic. Prof. A. S. Mowat, professor of education at Dalhousie University, is giving four lectures on princples and methods of teaching. These are followed by six conferences with nurse instructors who have already had home nursing. These instructors will then discuss the subject matter of the St. John Ambulance Association Home Nursing Manual, and will accompany the discussions with practical demonstrations. The course is open to all paid-up members of the Halifax Registered Nurses Association, without charge, and to other graduate nurses upon the payment of a fee of $1.00 for the course.

A successful and enjoyable meeting was held recently by the Halifax Branch of the R.N.A.N.S. at the Children's Hospital. The president, Miss Jane Hubley, was in the chair, and about 70 members were present. Donations from the Association of $50.

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each were voted towards the Red Cross and Community Chest Campaigns. Mr. J. B. Hayes, A.R.P. chairman, gave a most interesting talk on the organization of the first-aid posts in the city as set up by the air-raid precaution committee. This was followed by an earnest discussion by the members of the most effective forms of assistance that might be offered by the Association to the general war effort. The evening closed with a happy get-together and sing-song.

Halifax Infirmary:

The following nurses are now with the R.C.A.M.C.: Margaret Sherrman, Claire McKinnon, Elizabeth Kohnler, Mary MacDonald.

Married: Recently, Miss Almira Boudreau to Mr. William Carrol.

Married: Recently, Miss Gladys Brown to Lieut. A. Coolen.

Married: Recently, Miss Geraldine Murphy to Mr. John O'Neill.

Married: Recently, Miss Vivian Ratchford to Mr. T. Armstrong.

Married: Recently, Miss Gertrude Holley to Mr. C. Balcom.

Married: Recently, Miss Evelyn Maynard to Mr. M. Furlong.

Married: Recently, Miss Dorothy Hallisey to Mr. R. Helig.

Victoria General Hospital:

Miss K. B. Harvey, a graduate of the Victoria General Hospital and former night supervisor, has been appointed Nursing Sister in the Royal Canadian Air Force. Previous to this appointment, Miss Harvey was for several years superintendent of the Soldiers' Memorial Hospital, Middleton, N.S.

ONTARIO

District 4

St. Catharines:

The quarterly meeting of District 4, R.N.A.O., was held recently at the Niagara Peninsula Sanitarium, St. Catharines. The meeting was largely attended. Miss Annie Boyd, the president, was in the chair. The speaker, Miss Marjorie M. Buck, of Simcoe General Hospital, gave an interesting address on the work of the registry committee on the formation and re-organization

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of registries. It is the aim of the committee to give to the nurses and community a placement service, which will meet the community's every need for nursing service.

The nurses of the general nursing section, St. Catharines, put on a clever little skit which demonstrated the principles of a community nursing register.

Miss Edna Moore, chief public health nurse of the Ontario department of health, was welcomed to the meeting, and spoke briefly.

Refreshments were served and a vote of thanks tendered to Miss McCort, superintendent of nurses of the Sanitarium, for her gracious hospitality.

DISTRICT 5

TORONTO:

Toronto Western Hospital:

The winter season of 1940-41 was officially opened for the Toronto Western Hospital Alumnae Association with the first meeting held in the Solarium of the Hospital on October 8. The year's activities were discussed, after which Miss Helen Young of the Toronto Library staff, gave a very interesting lecture. A social hour followed.

The annual autumn tea of the Alumnae Association of the Toronto Western Hospital was held on November 2. Miss Ellis, principal of nurses, and Miss Grace Paterson, president of the Alumnae Association, received the guests. The classrooms changed their customary dignity to accommodate the sale of candy, home cooking, and hand-made articles.

Miss Ellis recently entertained the Hospital Alumnae Association Executive at a tea in honour of the president, Miss Grace Paterson, R.C.A.M.C. The tea table was attractively centred with red, white, and blue flowers.

Wellesley Hospital:

The Alumnae Association of Wellesley Hospital recently held their opening fall meeting in the reception room which was appropriately decorated with flags and shields of the Wellesley Hospital crest. The president, Miss Grace Bolton, conducted the business of the meeting and reports from the war committees were read.

Miss Dorothy Powers reported that many knitted articles had been turned over to the British Navy and Miss Jean Harris said that knitted articles had been given to the Red Cross, this work being done by the active nurses. Mrs. Gordon Campbell, president of the Alumnae Association Auxiliary, which is made up of married graduates, re-

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ported that numerous dressings and knitted articles, and much hospital linen, had been contributed.

Donations were received with which to purchase Christmas boxes for our Nursing Sisters overseas. There was also a shower of clothing for children to be packed and sent to Miss Helen Cunningham, a Wellesley graduate who is in charge of fifty evacuee children in England aged from one month to five years. There was also a display of knitted and sewn articles, work done by the girls.

Mr. Walter Bowles, radio reporter for the Toronto Daily Star, was the guest speaker and gave a most interesting talk on unusual characters throughout Canada. Mrs. Gordon Campbell moved a vote of thanks to the speaker. Miss E. K. Jones, superintendent of nurses, announced that the Red Cross dressings will be made by undergraduates and active members of the Alumnae Association, Monday, Tuesday and Wednesday evenings in the residence.

At the close of the meeting a social hour was enjoyed by more than seventy nurses and friends.

The Wellesley Hospital now have eight Nursing Sisters serving in different fields in Canada and overseas. These nurses have all been presented with identification bracelets from the Alumnae Association. Miss Constance Tanner and Miss Harriet Pangman are serving overseas. Miss Helen Crease is in Halifax, Miss Delina Liggatt, Miss Rae Adams, Miss Louise Jamieson, and Miss Daisy Lodge are at the Toronto Military Hospital. Miss Rebecca Hepburn is at the Royal Military College, Kingston.

District 6

Chapter A:

The regular monthly meeting of Chapter A, District 6, R.N.A.O., was held recently in Belleville. The election of officers for the coming year was held and the same officers were re-elected with the exception of the convener of the nurse education section which was assumed by Miss Riddell, instructress of nursing at the Belleville General Hospital, and that of enrolment officer which was taken by Miss Gist in the absence of Miss Youmans.

Chapter C:

The regular monthly meeting of Chapter C, District 6, R.N.A.O., was held recently at Lindsay Memorial Hospital. Dr. Woodrow of Lindsay gave a talk on the prevention of infections of the ear, eye, and sinuses. Miss Reid discussed the advisability of forming a central registry for graduates and non-graduate nurses. The Alumnae Association of Lindsay Memorial Hospital has decided to form a central registry, and Miss Baker of London had previously visited Lindsay and had given valuable assistance in founding the registry. We shall look with interest to reports of further developments of this work.

District 7

Kingston:

District 7, R.N.A.O., recently held its quarterly meeting at Hotel Dieu Hospital, Kingston, with Miss Ann Baillie, chairman, presiding. Following the business meeting Dr. John Orr, Professor of Bacteriology, Queen's University, gave an enlightening address on gas gangrene, a subject in which he is especially interested and doing extensive research. An excellent report of the biennial meeting of the C.N.A. recently held in Calgary was presented by Rev. Sister St. Oswald of Hotel Dieu Hospital, Kingston. Later, tea was served by the gracious hostesses, the Rev. Sisters of the Hotel Dieu Hospital.

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With a membership of 365, District 7 contributed the sum of $1862.50 to the Ontario Nurses War Fund. Of this amount the Kingston student nurses gave $700. Their splendid contribution was the result of the united efforts of the students of the Ontario Hospital, the Hotel Dieu, and the Kingston General Schools of Nursing. They held a large and successful bazaar on the grounds of the Kingston General Hospital of which the net profit was $700. This was the Kingston student nurses' contribution to the Ontario Nurses war effort.

Nurses in District 7 who have not yet contributed to the Ontario Nurses War Fund, and who desire to do so, may send their contributions to the chairman of their Chapters, or to Miss Matilda Fitzgerald, treasurer of the Ontario Nurses War Fund Committee, 86 Bloor St. W., Toronto.

Kingston Chapter, District 7, R.N.A.O., recently held a meeting at the Kingston General Hospital. Plans were discussed for war work during the coming months. Miss Acton, instructress of nurses at the K. G. H., gave a demonstration of the many uses of the triangular bandage. Later, an enjoyable social hour was spent.

Married: Recently, Miss Margaret Stewart (K.G.H., 1931) to Mr. Victor Moore.

Married: Recently, Miss Sarah Louise Connell (K.G.H., 1937) to Mr. Kenneth Kennedy.

Married: Recently, Miss Doris Gray (K.G.H., 1935) to Mr. Roy Blay.

Married: Recently, Miss Evelyn Dempsey (O.H.B., 1935 - H.S.N., U. of T., 1937-38) to Mr. Carl H. Stangeby.

District 8

OTTAWA:

The Lady Stanley Alumnae Association held a very successful tea and money shower in the Y.W.C.A. recently in aid of the Red Cross Society. The guests, numbering over 300, were welcomed by the president, Mrs. W. E. Caven, and the past president, Miss Mabel M. Stewart. Mrs. Joseph Howes, Mrs. Alex Cram, and Mrs. Reginald Gisborne were in charge of refreshments, Miss Mary Ingram was convener of the tickets, and Miss Edith Boothe was in charge of the sale tables.

Miss Violet Merritt and Miss Julia Prindiville have been appointed as Nursing Sisters with the R.C.A.M.C. and are at present stationed at Kingston, Ontario.

Married: Recently, Miss Ethel Webb (O.C.H., 1925) to Mr. Richard Morgan Smith.

Married: Recently, Miss Alma Lindsay (O.C.H., 1930) to Mr. Sidney Parsons.

Married: Recently, Miss Muriel Hambly (O.C.H., 1934) to Mr. William Ebin Taylor.

Married: Recently, Miss Eileen Compton (O.C.H., 1939) to Mr. Fenton Elliott.

Married: Recently, Miss Edith Larwill (O.C.H., 1939) to Mr. Gordon Currie.

District 9

Gravenhurst:

The monthly meeting of the Muskoka Chapter was held at the Muskoka Hospital with Miss Barry Bowles presiding. The nurses were privileged to have Captain Heathcote, who is stationed at the prisoners'-of-war camp, address them on "The Intelligence Service". A report of the District annual meeting was given by Miss Bowles.

North Bay:

The annual tea of the North Bay Chapter, R.N.A.O., was held recently at the Civic Hospital. Receiving the many guests were Miss Gertrude Johnston, chairman of the Chapter, and Miss Kay Delong of the Civic Hospital staff. This tea proved to be a success both socially and financially, and substantially increased the funds in the treasury.

Miss Helen Waring, Victorian Order nurse, has been appointed to succeed Miss Ruth Taylor who has recently accepted an appointment on the Hamilton staff.

QUEBEC

Montreal:

Montreal General Hospital:

Miss Dorothy MacRae (M.G.H., 1927) has been appointed as Matron of No. 1 Canadian General Hospital, R.C.A.M.C., with Miss Nancy Kennedy-Reid as her assistant, and the following M.G.H. graduates are appointed as Nursing Sisters to the same Unit: The Misses Marion Blackler, Mary Bunbury, L. M. Burri, Grace Carter, Christine Cole, Elaine Cornish, Patricia De Merrall, Madeline Farmer, Joan Gray, Ida Henderson, Helen Hickman, Gertrude Lake, Edith Little, Isabel MacIver, Mary McLellan, Edith McQuisten, Dorothy E. Murphy, Muriel Patterson, Lillian M. Thompson, May Tracey-Gould, Doris Watson, Elaine Wright. Miss Roberta Harquail, formerly a pupil dietitian at the M.G.H., has been appointed as one of the dietitians with the same Unit.

Miss Dorothy Atkinson (M.G.H., 1940) replaces Miss Burri on the nursing service of the T. Eaton Company, Montreal.

Miss Margaret Dakin (M.G.H., 1938) has resigned from the staff of the Central

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Winnipeg Vancouver

Division to take a course in teaching and supervision at the School for Graduate Nurses, McGill University. Miss Catherine Armstrong (M.G.H., 1940) replaces Miss Dakin in Ward H. Miss Eunice Dolan and Miss Elizabeth Daly are taking a post-graduate course at the Alexandra Hospital. Miss Barbara Broadhurst (M.G.H., 1940) is on the staff of the Children's Memorial Hospital. Miss Barbara Eardley-Wilmot (M.G.H., 1938) has gone to Rouyn, P. Q., and is engaged in work in a doctor's office. Miss Constance Findlay (M.G.H., 1940) is taking a post-graduate course at the Montreal Neurological Institute.

Married: Recently, Miss Jean Young (M.G.H., 1937) to Mr. John Pullen.

Married: Recently, Miss Theresa Carmichael (M.G.H., 1938) to Mr. Charles F. M. Turfus.

Married: Recently, Miss Helen Pasmore (M.G.H., 1937) to Mr. William Hart.

Married: Recently, Miss Mary Waller (M.G.H., 1938) to Dr. Preston Robb.

Married: Recently, Miss E. M. Niles (M.G.H., 1936) to Mr. Ralph Shaw.

Married: Recently, Miss Beryl Worrall (M.G.H., 1935) to Dr. R .R. Strong.

Married: Recently, Miss Joan Trump (M.G.H., 1939) to Mr. David Playfair.

Royal Victoria Hospital:

Miss F. Munroe and the staff nurses recently entertained at tea in honour of Miss Olga Lilly, and the R.V.H. Nursing Sisters of No. 1 General Hospital, R.C.A.M.C., including Maude Brooks, Doris Carter, Rita Fulton, Gwendolyn Hopkins, Mary Maguire, Muriel Hearn, Marion Douglas, and Jean Byam. Miss Lilly has been a very valuable member of the teaching staff and her resignation is regretted by every one.

Mrs. E. G. D. Murray addressed the November staff meeting on the conservation and utilization of waste in war time. At the November meeting of the Alumnae Association the speaker was Dr. G. F. Stephens, who gave an interesting talk on health insurance and group hospitalization.

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Royal Victoria Hospital: Board of Directors: President, Miss E. C. Flanagan; first vice-president, Mrs. R. A. Taylor; second vice-president, Miss F. Munroe; recording secretary, Miss K. Stanton; secretary-treasurer, Miss G. A. K. Moffat; members without office: Miss B. Campbell, Mrs. P. Cranston, Mrs. R. Fetherstonhaugh, Miss G. Martin, Mrs. E. Paice, Miss E. Reid, Mrs. A. F. Robertson; conveners of standing committees: finance, Mrs. Fether-

stonhaugh; program, Miss F. Munroe; scholarship, Mrs. R. A. Taylor; private duty, Mrs. A. F. Robertson; conveners of other committees: canteen, Mrs. E. Paice; Red Cross, Mrs. F. E. McKenty; sick visiting, Miss E. Reid; representative to *The Canadian Nurse*, Miss G. Martin; representatives to Local Council of Women, Mrs. G. Porter, Mrs. Vance Ward.

School for Graduate Nurses, McGill University:

Married: Recently, Miss Anne M. Walker (P.H., 1938-39) to Mr. Allen Morgan.

Married: Recently, Miss Margaret H. Parmenter to Mr. Hamilton V. DeBury.

QUEBEC:

Jeffery Hale's Hospital:

At a recent meeting Mrs. Morrow, wife of the Rev. Mr. Morrow, gave us an interesting talk on her nursing experiences amongst the people of Africa.

Miss E. Frances Upton was a guest of Jeffery Hale's Hospital during her recent stay in Quebec, and spoke to us at our November meeting on the plans for preparedness through refresher courses given in co-operation with the St. John Ambulance Corps.

Miss M. Cambon (J.H.H., 1939) has accepted a position on the staff of the Valcartier Military Camp Hospital.

SASKATCHEWAN

REGINA:

A recommendation by the private duty section of the Regina Registered Nurses Association abolishing the twelve-hour day and making the eight-hour day compulsory for private duty nurses in Regina, was adopted unanimously by the Association at the October meeting. These new regulations came into effect on October 15.

In keeping with the recommendation made by the Canadian Nurses Association and endorsed by the Saskatchewan Registered Nurses Association, the Regina Registered Nurses Association is sponsoring a first aid course under the auspices of the St. John Ambulance with sixty nurses registered.

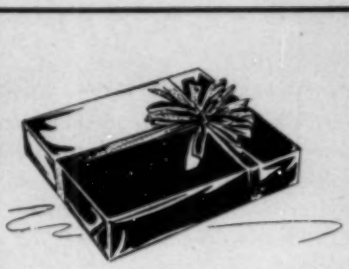
SASKATOON:

Saskatoon City Hospital:

Married: Recently, Miss Ruth Catherine Cole (S.C.H., 1939) to Mr. D. H. Carter.

Married: Recently, Miss Pauline Hauk (S.C.H., 1933) to Mr. Hadley Von Vliet.

Married: Recently, Miss Bernice Damant (S.C.H., 1937) to Dr. Charles Brown.



GIFTS

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Although it is so far away and long ago . . . we like to think of the first Christmas Day we ever spent in Canada . . . It was on an Indian Reserve, ten miles from the nearest Hudson Bay Company fur trading post . . . The log house stood on a rocky point above the frozen lake . . . sheltered by pine trees against the bitter wind . . . Green birch logs flamed and crackled in the box stove, keeping the living room cozy and warm . . . Wreaths of cedar and mountain ash berries were pinned to the curtains, and the coal oil lamp had a blue bowl with a yellow shade . . . In one corner was a funny old piano, and in another a green sea-chest with rope handles . . . From the kitchen came a good smell of cooking . . . not turkey, just four plump partridges . . . enough to go round if eked out with generous helpings of baked wild rice and crimson chokecherry jelly . . . The plum pudding bubbled away in an iron pot, and in a frying pan was a little fish . . . caught that very morning by the youngest child through a hole in the ice . . . About noon the Hudson Bay officer arrived, riding in state behind a team of husky dogs and carefully nursing his precious violin . . . Then we all sat down to dinner, and when the meal was almost over there was a knock at the door and there stood Jean Baptiste, a French Canadian trapper, dressed in blanket coat and knitted tuque, very cold and hungry . . . The partridges were picked clean . . . but the youngest child proudly brought in his forgotten little fish, and with shining eyes, watched Jean Baptiste eat every bit of it before tackling a huge plate of plum pudding . . . After dinner, violin and piano struck up " O come all ye faithful" and we all sang . . . Then came the moment we children had been waiting for . . . Jean Baptiste produced his mouth organ and with a mighty flourish swung into "Alouette" . . . piano and violin followed suit . . . and we were all off at top speed in perfect time and rhythm . . . Soon it began to get dark, and with a great cracking of whips, the Indian drivers were back with the dog team . . . The Hudson Bay officer was wrapped up like a cocoon on the toboggan . . . Jean Baptiste jumped on the tail board . . . and away they went over the ice . . . Heedless of the cold, we stood at the top of the steep bank watching them until they were out of sight . . . "Marche, marche, marche", shouted the drivers . . . fainter and fainter came the sound of the sleigh bells . . . The frosty window panes glowed with yellow lamplight . . . the smoke from the chimney mounted straight into the evening sky . . . We went in and closed the door . . . This was our home . . . we had built it ourselves . . . The good food we had eaten came, most of it, from forest and lake and the garden in the clearing . . . We had even made our own music, on our first Canadian Christmas Day . . .
— E. J.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

THE CANADIAN NURSES ASSOCIATION

President..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
Past President Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.
First Vice-President..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.
Second Vice-President Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, P. Q.
Honourary Secretary ..... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
Honourary Treasurer .....Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

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Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.

Alberta: (1) Miss Rae Chittick, 813-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (3) Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary; (4) Miss Helen M. Hill, 311-14th Street, South, Lethbridge.

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Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss E. McDowell, Winnipeg General Hospital; (3) Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, 561 Des Meurons St., St. Boniface.

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Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss G. Ross, 15 Queen's Park Cresc., Toronto: (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital, Montreal; (3) Mlle A. Martineau, Dept. of Health, City of Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss B. Anderson, Ottawa Civic Hospital. Public Health: Miss M. Kerr, Eburne, B.C. General Nursing: Miss M. Baker, 249 Victoria St., London. Convener, Committee on Nursing Education: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

Hospital and School of Nursing Section

Chairman: Miss Blanche Anderson, Ottawa Civic Hospital. First Vice-Chairman: Miss E. G. McNally, General Hospital, Brandon. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss W. Cooke, Ottawa Civic Hospital.

Councillors: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss E. McDowell, Winnipeg General Hospital. **New Brunswick:** Miss Marian Myers, Saint John General Hospital. **Nova Scotia:** Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario:** Miss N. M. Dulmage, Toronto General Hospital. **Prince Edward Island:** Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec:** Miss M. Batson, Montreal General Hospital. **Saskatchewan:** Miss May E. Reid, St. Paul's Hospital, Saskatoon.

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Public Health Section

Chairman: Miss M. Kerr, Eburne, B.C. Vice-Chairman: Miss W. Dawson, Health Centre, Saint John, N.B. Secretary-Treasurer: Miss L. Creelman, 2570 Spruce Street, Vancouver, B.C.

Councillors: **Alberta:** Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss F. King, Ste. 9, Greysolon Apts., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss H. Macdonald, 21 Queen St., Sydney. **Ontario:** Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island:** Miss Ruth Ross, Summerside. **Quebec:** Mlle A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan:** Miss M. E. Pierce, Wolseley.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1675 10th Ave., W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fairley; Secretary, Miss F. H. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*; Miss H. Archer, Miss E. Clark, Miss M. Henderson, Sr. M. Gregory, Miss H. Randal; *Conveners of Sections*: *Nursing Education*, Miss A. S. Cavers, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *Private Duty*, Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver; *Press*, Miss L. M. Drysdale, 1695 11th Ave., W., Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Ina Gillan, 227 Kent St., Charlottetown; Vice-Pres., Rev. Sr. St. John the Baptist; Secretary, Miss Leonora Clark, Prince Co. Hospital, Summerside; Treasurer and Registrar, Rev. Sister Mary Magdalen, Charlottetown Hospital; *Conveners of Sections*; *Private Duty*, Miss Mary Devereau, New Haven; *Public Health*, Miss Ruth Ross, Summerside; *Nursing Education*, Miss Georgie Brown, Prince County Hospital, Summerside.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Jean S. Wilson, Marion Lindeburgh, Esther M. Beith, Rev. Soeur Jeanne St. Louis, Mlle Edna Lynch, Mlle Evelyne Gauvin; President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rev. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Suzanne Giroux; Honourary Treasurer, Miss Catherine M. Ferguson; *Members without Office*: Misses Margaret L. Moag, Fanny Munroe, Miles Maria Roy, Juliette Trudel, Alice Albert; *Conveners of Sections*; *General Nursing* (English), To be appointed; *General Nursing* (French), Mlle Anne-Marie Robert, 5484A rue St. Denis, Montreal; *Hospital and School of Nursing* (English), Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing* (French), Rév. Soeur Hébert, Hôtel-Dieu de St-Joseph, Montréal; *Public Health* (English) Miss Kathleen A. Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, Dept. of Health, City of Montreal; *Board of Examiners*: Miss Olga V. Lilly (Convener), Misses Flora Aileen George, Katie S. Annesley, Madeleine Flander, Miles Alexina Marchessault, Anysie Deland, Suzanne Giroux; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Miss M. Diederichs, Regina Grey Nuns Hospital; Second Vice-President, Miss E. Amas, Saskatoon City Hospital; *Councillors*: Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; Miss M. Ingham, Moose Jaw General Hospital; *Conveners of Standing Committees*: *Private Duty*, Miss Mary R. Chisholm, 805-7th Ave., N., Saskatoon; *Nursing Education*, Miss May E. Reid, St. Paul's Hospital, Saskatoon; *Public Health*, Miss M. Pierce, Wolseley; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres., Miss A. F. Lawrie; Pres., Miss M. Diederichs; First Vice-Pres., Miss M. Glew; Sec., Miss E. Welsh, 2204 Wallace St.; *Committee Conveners*: *Registry*, Miss H. Jolly; *Membership*, Miss F. Wallisor; *Entertainment*, Miss Peterson; *Nursing Education*, Miss M. Zens; *Private Duty*, Miss R. Wozny; *Public Health*, Miss L. Lynch; Registrar & Treasurer, Miss L. Dahl.

Alumnae Associations

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A. A., Holy Cross Hospital, Calgary

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A. A., Edmonton General Hospital, Edmonton

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A. A., Royal Alexandra Hospital, Edmonton

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A.A., Glace Bay General Hospital, Glace Bay

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A.A., Brockville General Hospital, Brockville

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A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

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THE CANADIAN NURSE

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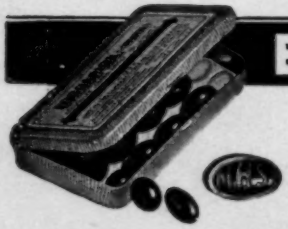

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